



## The KAUST School Parent Advisory Committee (PAC) Application for 2017/2018

Please ✓ the PAC Division you are applying for:

**Kindergarten:**

**Elementary School:**

**Secondary School:**

**Name:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

### Name/s and Grade Level/s of Children at TKS:

	Name	Grade Level
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

In the space below please outline your interest in becoming a member of The KAUST School Parent Advisory Committee.

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