



Washington Learning Source Membership Form
 (For use by Washington State educational entities other than school districts)

NAME OF EDUCATIONAL INSTITUTION <i>All Saints Catholic School</i>	ORGANIZATION TYPE: <input checked="" type="checkbox"/> PRIVATE SCHOOL <input type="checkbox"/> STATE DEPT. OF EDUCATION <input type="checkbox"/> HIGHER EDUCATION INSTITUTION <input type="checkbox"/> NONPROFIT EDUCATIONAL ORGANIZATION
CONTACT PERSON <i>Nick Senger</i>	CONTACT EMAIL <i>n.senger@dioceseofspokane.org</i>
CONTACT PHONE <i>(509) 624-5712</i>	CONTACT FAX <i>509-624-7752</i>
MAILING ADDRESS LINE 1 <i>1428 E. 33rd Ave</i>	CITY STATE ZIP <i>Spokane, WA 99203</i>
LOGIN: (FOR WLS PURPOSES ONLY)	PASSWORD (FOR WLS PURPOSES ONLY)

On behalf of the agency specified herein, I, Superintendent and/or Chief Executive Officer of said agency, have reviewed and accepted:

Nick Senger
 Signature

8/25/2009
 Date Signed

Nick Senger
 Printed Name

Vice Principal
 Printed Title

All Saints Catholic School
 Agency Name

MAIL OR FAX YOUR COMPLETED FORM TO:

Anne Allen, Director
 Washington Learning Source
 Puget Sound ESD
 800 Oakesdale Ave SW
 Renton, WA 98057
 (425) 917-7907 Fax