



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

NAME OF EDUCATIONAL INSTITUTION <i>CHRISTIAN FAITH 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>FAYTHE LEGGETT</i>	CONTACT EMAIL <i>faythel@christianfaithschool.com</i>
CONTACT PHONE <i>253-943-2549</i>	CONTACT FAX <i>253-300-1335</i>
MAILING ADDRESS LINE 1 <i>33645 20<sup>th</sup> AVE S</i>	CITY STATE ZIP <i>FEDERAL WAY, WA 98003</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:

*[Signature]*  
 \_\_\_\_\_  
 Signature

*4/5/11*  
 \_\_\_\_\_  
 Date Signed

*Tom Puddy*  
 \_\_\_\_\_  
 Printed Name

*Principal*  
 \_\_\_\_\_  
 Printed Title

*Christian Faith 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