



Washington Learning Source Membership Form

(For use by Washington State educational entities other than school districts)

NAME OF EDUCATIONAL INSTITUTION <i>Kennedy Catholic High 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>Don Hoffmann</i>	CONTACT EMAIL <i>hoffmann@kennedyhs.org</i>
CONTACT PHONE <i>206 246 0500</i>	CONTACT FAX <i>206 242-0831</i>
MAILING ADDRESS LINE 1 <i>140 S. 140th ST</i>	CITY STATE ZIP <i>Burien, WA 98168</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

12/8/2010

 Date Signed

Mike Prato

 Printed Name

Principal

 Printed Title

Kennedy Catholic H. S.

 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