



## Washington Learning Source Membership Form

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

NAME OF EDUCATIONAL INSTITUTION <i>Lighthouse Christian 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>Jeffrey White</i>	CONTACT EMAIL <i>jwhite@lcschool.org</i>
CONTACT PHONE <i>(253) 858-5962</i>	CONTACT FAX <i>(253) 858-8911</i>
MAILING ADDRESS LINE 1 <i>3008 36<sup>th</sup> Street NW</i>	CITY STATE ZIP <i>Big Harbor, WA 98335</i>
LOGIN: (FOR WLS PURPOSES ONLY) <i>LighthouseCS</i>	PASSWORD (FOR WLS PURPOSES ONLY) <i>LCS3008</i>

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

\_\_\_\_\_ 12/11/08  
 Signature Date Signed

*Debbie Schindler*  
 Printed Name  
*Administrator* *Lighthouse Christian School*  
 Printed Title 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

*Rec'd 12/16*