

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

NAME OF EDUCATIONAL INSTITUTION <i>The Little 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>Nancy Palmer</i>	CONTACT EMAIL <i>nancyp@thelittleschool.org</i>
CONTACT PHONE <i>425-827-4609x116</i>	CONTACT FAX <i>425-827-3814</i>
MAILING ADDRESS LINE 1 <i>2812-116th Ave NE</i>	CITY STATE ZIP <i>Bellevue, WA 98004</i>
LOGIN: (FOR WLS PURPOSES ONLY) <i>tlslibe</i>	PASSWORD (FOR WLS PURPOSES ONLY) <i>tlslibe</i>

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

Peter Berner-Hays 4/27/12
Signature Date Signed

Peter Berner-Hays
Printed Name

Head of School *The Little School*
Printed Title Agency Name

MAIL OR FAX YOUR COMPLETED FORM TO:
Anne Anderson, Director
Washington Learning Source
Puget Sound ESD
800 Oakesdale Ave SW
Renton, WA 98057
(425) 917-7907 Fax

used 7/16/12