



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

NAME OF EDUCATIONAL INSTITUTION <i>Northshore Christian Academy</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>April Merisko</i>	CONTACT EMAIL <i>amenisko@northshorechristian.org</i>
CONTACT PHONE <i>425-407-1119</i>	CONTACT FAX <i>425-322-2386</i>
MAILING ADDRESS LINE 1 <i>5700 23rd Drive W</i>	CITY STATE ZIP <i>Everett, WA 98020</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:

Holly Leach
Signature

4-14-11
Date Signed

Holly Leach
Printed Name

Principal
Printed Title

Northshore Christian Academy
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