



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

NAME OF EDUCATIONAL INSTITUTION <i>South Sound Christian Schools</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>Stephanie Dorfner</i>	CONTACT EMAIL <i>stephaniedorfner@southsoundchristian.org</i>
CONTACT PHONE <i>253-475-7226 ext. 133</i>	CONTACT FAX
MAILING ADDRESS LINE 1 <i>2052 S 64th St</i>	CITY STATE ZIP <i>Tacoma, WA 98409</i>
LOGIN: (FOR WLS PURPOSES ONLY) <i>Crusaders</i>	PASSWORD (FOR WLS PURPOSES ONLY) <i>Sidney 12</i>

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

Debbie Schindler
 Signature

7/14/10
 Date Signed

Debbie Schindler
 Printed Name

Superintendent
 Printed Title

South Sound Christian Schools
 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 7/23/10