



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

NAME OF EDUCATIONAL INSTITUTION <i>CHRISTIAN FAITH 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>FAYTHE LEGGETT</i>	CONTACT EMAIL <i>faythel@christianfaithschool.com</i>
CONTACT PHONE <i>253-943-2549</i>	CONTACT FAX <i>253-500-1335</i>
MAILING ADDRESS LINE 1 <i>33645 20th AVES</i>	CITY STATE ZIP <i>FEDERAL WAY, WA 98003</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

4/5/11
 Date Signed

Tom Puddy
 Printed Name

Principal
 Printed Title

Christian Faith School
 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