



**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>amensko@northshorechristian.org</i>
CONTACT PHONE <i>425-407-1119</i>	CONTACT FAX <i>425-322-7386</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

*Rec'd 7/11*