



Washington Learning Source Membership Form

(For use by Washington State educational entities other than school districts)

NAME OF EDUCATIONAL INSTITUTION <i>Overlake 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>Ann Ewel</i>	CONTACT EMAIL <i>aevel@overlake.org</i>
CONTACT PHONE <i>425-868-6191 x 647</i>	CONTACT FAX
MAILING ADDRESS LINE 1 <i>20301 10th St NE 108th St.</i>	CITY STATE ZIP <i>Redmond, WA 98053</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:

Francisco Grisalva
 Signature

8/19/11
 Date Signed

FRANCISCO GRISALVA
 Printed Name

HEAD OF SCHOOL
 Printed Title

THE OVERLAKE 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

sent WLS 8/19/11