



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

NAME OF EDUCATIONAL INSTITUTION <i>St. John 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>Kerri McCarthy</i>	CONTACT EMAIL <i>Kmccarthy@stjohnsea.org</i>
CONTACT PHONE <i>206 783 0337</i>	CONTACT FAX <i>206 706 2704</i>
MAILING ADDRESS LINE 1 <i>120 N 79th ST</i>	CITY STATE ZIP <i>Seattle, WA 98103</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:

Agnes Jacobson

 Signature

April 20, 2011

 Date Signed

Agnes Jacobson

 Printed Name

Principal

 Printed Title

St. John 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