



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

NAME OF EDUCATIONAL INSTITUTION <b>SEATTLE CHRISTIAN SCHOOLS</b>	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 <b>KEVIN THOMAS</b>	CONTACT EMAIL <b>KTHOMAS@SEATTLECHRISTIAN.S</b>
CONTACT PHONE <b>206-246-8241x 1214</b>	CONTACT FAX <b>206-246-9066</b>
MAILING ADDRESS LINE 1 <b>18301 MILITARY RD. S.</b>	CITY STATE ZIP <b>SEATAC WA 98188</b>
LOGIN: (FOR WLS PURPOSES ONLY) <b>SCSTECH</b>	PASSWORD (FOR WLS PURPOSES ONLY) <b>SOLOMONSCS</b>

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

*Gloria L. Hunter*  
Signature

3/3/10  
Date Signed

Gloria L. Hunter  
Printed Name

Supt.  
Printed Title

Seattle 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