



Washington Learning Source Membership Form

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

NAME OF EDUCATIONAL INSTITUTION <i>Bishop Blanchet High 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>Amy Lawrence</i>	CONTACT EMAIL <i>alawrence@bishopblanchet.org</i>
CONTACT PHONE <i>206-527-7705</i>	CONTACT FAX <i>206-527-7712</i>
MAILING ADDRESS LINE 1 <i>8200 Wallingford Ave N</i>	CITY STATE ZIP <i>Seattle, WA 98103</i>
LOGIN: (FOR WLS PURPOSES ONLY) <i>BLANCHS</i>	PASSWORD (FOR WLS PURPOSES ONLY) <i>TECH</i>

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

Amy Lawrence
Signature

7-10-08
Date Signed

Amy Lawrence
Printed Name

Business Manager
Printed Title

Bishop Blanchet High 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