



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

NAME OF EDUCATIONAL INSTITUTION <i>Rainier Christian M.S.</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>Ed Parr</i>	CONTACT EMAIL <i>eparr@rainiercsd.org</i>
CONTACT PHONE <i>253 639 7715</i>	CONTACT FAX <i>253 639 3184</i>
MAILING ADDRESS LINE 1 <i>26201 180th Ave. S.E.</i>	CITY STATE ZIP <i>Covington, WA 98042</i>
LOGIN: (FOR WLS PURPOSES ONLY) <i>pedarr</i>	PASSWORD (FOR WLS PURPOSES ONLY) <i>angels</i>

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

Edward B Parr

Signature

Edward B Parr

Printed Name

principal

Printed Title

6/14/08

Date Signed

Rainier Christian M.S.

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