

Annual Conflicts of Interest and Code of Ethics Questionnaire

This questionnaire has been prepared in accordance with Atlas Public Schools' Policy Statement on Conflicts of Interest, and is to be completed by Atlas Public Schools' Board Members and any Key Personnel of Atlas Public Schools as deemed necessary.

It is expected that when a potential for, or an actual conflict of interest exists, the affected individual will disclose it immediately to the board chair and refrain from participating, discussing and/or voting on that issue.

Please read the statements below and provide your response, including explanations, where applicable. Please date, sign and return the form to the board chair, or his or her designee, within thirty (30) days of receipt.

I have examined my personal situation as directed in the Statement of Policy on Conflicts of Interest and find that I have:

(x) No area of potential or actual conflicts of interest.

() No area of potential or actual conflicts of interest except as follows:

I have also reviewed the Code of Ethics and hereby agree to abide by the Code of Ethics.

Signed:

DocuSigned by:

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Kwofe Coleman

Printed Name

Date: 10/23/2023