

Board Member Conflict of Interest Form

I acknowledge that I have received and read, understand, and agree to abide by Brookside Charter School's Conflict of Interest Policy, Board Policy 2.17.

[Please check one of the following.]

A. To the best of my knowledge, no circumstances exist involving me, or a member of my family, that are or may be perceived as a conflict of interest within the meaning of the School's conflict of interest policy, and neither I, nor a member of my family, are affiliated with an organization with which the School does or is likely to do business.

or

B. To the best of my knowledge, there do exist circumstances involving me, or a member of my family, that are or may be perceived as a conflict or potential conflict of interest within the meaning of the School's conflict of interest policy, including the affiliations such as relationships with grantees or potential grantees, contractors, or others with whom the School does or is likely to do business.

Organization Name	Person With Conflict	Relation to Employee	Nature of Affiliation
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BOARD MEMBER NAME (PRINTED): JASON LASALLE

BOARD MEMBER SIGNATURE: _____ 

DATE: 9.8.20

SUPERINTENDENT SIGNATURE: _____

DATE: _____