

Conflict of Interest Policy Statement
Lowcountry Montessori School

I, _____, hereby affirm that:

1. I have received a copy of the LMS Conflicts of Interest Policy,
2. I have read and understand the policy,
3. I have agreed to comply with the policy, and
4. I understand that Lowcountry Montessori School is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Name

Date

Position (Board or Committee Member, LMS Director)

Witness

Date