DISCLOSURE BY A SUPERVISORY SCHOOL OFFICIAL REGARDING ADVOCATING FOR A CHILD AS REQUIRED BY 930 CMR 6.03(4)

	SUPERVISORY SCHOOL OFFICIAL INFORMATION
Name of supervisory	
school employee:	
Title/ Position:	
Title/ T Osition.	
Agency/	
Department:	
Agency address:	
Office phone:	
omes phone.	
Office e-mail:	
	I am filing this disclosure because I hold a supervisory position with a school, school
	department or agency related to education. I am also a parent or guardian, and I am
	advocating for a child with school employees and officials in the school system where I
	work and/or with employees and officials of state agencies overseeing education.
	ADVOCATING FOR A CHILD
	When disclosing facts below, please refer to your child as "my child" or "the child" without identifying the child.
Please disclose	
instances in which	
you will meet, or have met, with	
subordinate	
employees to	
advocate for the	
child.	
Please identify the	
subordinate	
employees with whom you will meet	
or have met.	
Employee signature:	
Date:	

Attach additional pages if necessary.

Not elected to your public position – file with your appointing authority.

Elected state or county employees - file with the State Ethics Commission.

Elected municipal employee – file with the City Clerk or Town Clerk.

Elected regional school committee member - file with the clerk or secretary of the committee.