

Cooper City High School
Class of 2020
REHEARSAL CONFLICT FORM

Rehearsal Date: May 28th

Directions: If you are unable to attend the mandatory rehearsals please fill out this form, *attach documentation* and turn it in to Mrs. Bullard room 4119 prior to the event.

CONTACT INFORMATION

Senior's Name: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Student Signature: _____

Parent Signature: _____

Excusable reasons (check one)

- _____ College Orientation
- _____ Illness/ Medical
- _____ Family Emergency/ Situation
- _____ OTHER (Explain) _____

Documentation Attached:

- _____ Orientation confirmation
- _____ Doctor's Note
- _____ Letter from parent or guardian
- _____ Other (Explain) _____

Mrs. Perkovic Signature: _____