

## SPEECH CONFLICT/INFORMATION SHEET

NAME \_\_\_\_\_ LOCKER NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT NAMES \_\_\_\_\_

STUDENT EMAIL \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

PARENT CELL PHONE \_\_\_\_\_

STUDENT CELL PHONE \_\_\_\_\_

Indicate below your schedule conflicts by placing an X in filled times and identifying the conflict.

**\*\*\*This is extremely important since you will be responsible to this conflict sheet. No other absences will be excused because of conflicts!**

|      | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------|--------|---------|-----------|----------|--------|----------|
| 3:00 |        |         |           |          |        |          |
| 3:30 |        |         |           |          |        |          |
| 4:00 |        |         |           |          |        |          |
| 4:30 |        |         |           |          |        |          |
| 5:00 |        |         |           |          |        |          |
| 5:30 |        |         |           |          |        |          |

Name \_\_\_\_\_

Please fill out your schedule below. If you make any changes please inform Mrs. Nielsen.

### 2<sup>nd</sup> Term Class Schedule

| Period | Class | Teacher | Room # |
|--------|-------|---------|--------|
| 2      |       |         |        |
| 3      |       |         |        |
| 4      |       |         |        |
| 5      |       |         |        |
| 6      |       |         |        |

### 3<sup>rd</sup> Term Class Schedule(if in Individual Speech)

| Period | Class | Teacher | Room # |
|--------|-------|---------|--------|
| 2      |       |         |        |
| 3      |       |         |        |
| 4      |       |         |        |
| 5      |       |         |        |
| 6      |       |         |        |