



## West Valley Middle School

9118 George Williams Road

Knoxville, TN 37922

Phone: (865) 539-5145

Fax: (865) 539-5155

### Excuse Note / Request

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Grade : \_\_\_\_\_ Student ID number : \_\_\_\_\_

1) Please excuse my child's absence on \_\_\_\_\_ due to \_\_\_\_\_  
Date Reason

\_\_\_\_\_  
\_\_\_\_\_  
(If you have a Medical Note, please attach it to this note)

2) Request early dismissal at \_\_\_\_\_. My child will \_\_\_\_ will not \_\_\_\_ return to school.

Parent/Guardian Signature \_\_\_\_\_