Date: [Date]

To: [School Administrator Name / Section Head]
From: [Parent/Guardian Name or Student Name]
Re: Request for Extended Class Transition Time - [Student Name]

Dear [Recipient Name],

I am writing to formally request a temporary academic accommodation for [Student Name], who is returning to school following a recent surgical procedure on [Date of Surgery].

Due to post-operative physical limitations and [mention specific reason, e.g., use of crutches, limited weight-bearing, or slow gait], [Student Name] requires additional time to travel between classrooms during passing periods.

We kindly request the following accommodations:

- Permission to leave class [Number] minutes early to avoid crowded hallways.
- Excuse for late arrival to subsequent classes if extra travel time is needed.
- [Optional] Permission to use the school elevator, if applicable.
- [Optional] Assistance from a peer or staff member to carry books/bags.

Accompanying this letter is a note from [Surgeon/Doctor Name] confirming these physical restrictions. We expect these accommodations to be necessary until [Estimated End Date], or until [Student Name] is cleared for full mobility.

Please let us know if there are specific forms to complete or if a meeting is required to implement these changes. Thank you for your support in ensuring a safe return to school.

Sincerely,

[Signature]
[Printed Name]
[Phone Number]
[Email Address]