

[Parent/Guardian Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Principal's Name]

[School Name]

[School Address]

Re: Part-Time Return to School for [Student Name] - [Grade/ID Number]

Dear [Principal's Name],

I am writing to inform you that [Student Name] is ready to return to school following an extended medical absence starting on [Date].

Based on the recommendations of [Doctor's Name], [Student Name] will require a gradual transition back to full-time studies. We are requesting a part-time attendance schedule to ensure a successful recovery and to manage their medical needs.

The proposed part-time schedule is as follows:

- Start Date: [Date]
- Attendance Hours/Days: [e.g., Mondays, Wednesdays, and Fridays from 8:00 AM to 12:00 PM]
- Duration of Part-Time Status: [e.g., Two weeks, to be reviewed on Date]

I have attached a medical note from [Doctor's Name] outlining the specific limitations and necessary accommodations. We would like to request a brief meeting or call to discuss how to manage missed coursework and any support [Student Name] may need during this transition.

Thank you for your understanding and cooperation in supporting [Student Name]'s return to the classroom.

Sincerely,

[Parent/Guardian Signature]

[Parent/Guardian Printed Name]