

**Date:** [Date]

**To:** [School Principal Name/Section 504 Coordinator/IEP Team]

**School Name:** [Name of School]

**Address:** [School Address]

**Subject:** Return to School and Accommodation Request for [Student Name]

Dear [Recipient Name],

I am writing to formally notify you that my child, [Student Name], will be returning to school on [Date] following an extended medical absence due to a chronic health condition: [Optional: Name of Condition].

While [Student Name] is eager to return to the classroom, their medical provider has recommended specific accommodations to manage their symptoms and ensure a safe, successful reintegration. We request a meeting to discuss implementing these accommodations under a [Section 504 Plan / IEP / Medical Health Plan]:

- **Modified Schedule:** [e.g., Shortened school days for the first two weeks or frequent rest breaks].
- **Physical Limitations:** [e.g., Excused from PE, elevator access, or extra time between classes].
- **Academic Support:** [e.g., Extended deadlines for missed work, reduced homework volume, or testing in a quiet environment].
- **Health Access:** [e.g., Immediate access to the nurse, permission to carry water/snacks, or unscheduled bathroom breaks].
- **Emergency Protocol:** [Briefly describe what to do if symptoms flare up].

Attached you will find a supporting letter from [Doctor's Name] outlining the medical necessity of these requests. We would like to schedule a meeting as soon as possible to finalize this plan.

Thank you for your cooperation in supporting [Student Name]'s health and education.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]