

[Parent/Guardian Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Teacher Name / School Principal]
[School Name]
[School Address]

Re: Partial School Return for [Student Name]

Dear [Recipient Name],

I am writing to inform you that [Student Name] is recovering from [Type of Illness] and is ready to begin a gradual reintegration into the classroom starting on [Start Date].

Following medical advice, we are requesting a partial-day schedule to ensure a sustainable recovery and to manage fatigue. Our proposed schedule for the first week is as follows:

- [Date]: [Start Time] to [End Time]
- [Date]: [Start Time] to [End Time]
- [Date]: [Start Time] to [End Time]

We anticipate that [Student Name] will resume a full-day schedule on [Date of Full Return], pending their physical progress.

During this transition, we ask for your support regarding the following:

- Access to catch-up materials for missed afternoon sessions.
- Rest breaks if symptoms of fatigue arise.
- [Optional: Specific physical activity or PE restrictions].

I have attached a note from [Doctor's Name] confirming that [Student Name] is no longer contagious and is cleared for this partial return. Please let us know if there are specific procedures we should follow regarding attendance recording for these partial days.

Thank you for your understanding and assistance in helping [Student Name] return to their studies.

Sincerely,

[Parent/Guardian Signature]
[Printed Name]