

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

[Date]

[Principal's Name]
[School Name]
[School Address]
[City, State, Zip Code]

RE: Medical Accommodation Request - Temporary Shortened School Day - [Student Name]

Dear [Principal's Name],

I am writing to formally request a temporary medical accommodation for my child, [Student name], who is currently enrolled in [Grade level] at [School Name].

Due to a documented medical condition, [Student Name]'s physician has recommended a temporary reduction in school hours to support their recovery and health stability. This request is based on the attached medical documentation from [Doctor's Name/Medical Practice].

We are proposing the following temporary schedule:

- **Effective Dates:** From [Start Date] to [End Date/Re-evaluation Date].
- **Modified Hours:** [Student Name] will attend school from [Start Time] to [End Time] daily.
- **Transportation:** [Details regarding how the student will be picked up or transported].

We understand the importance of [Student Name]'s education and wish to work with the school to ensure they remain current with their core curriculum. We would like to schedule a brief meeting or call to discuss how to prioritize assignments and if any remote learning support or modified grading will be necessary during this period.

Please let me know when you are available to discuss the implementation of this accommodation and any necessary updates to [Student Name]'s [IEP/504 Plan/Health Plan].

Thank you for your understanding and support of [Student Name]'s health and education.

Sincerely,

[Parent/Guardian Signature]
[Parent/Guardian Printed Name]

Enclosure: Medical Documentation from [Doctor's Name]