Date: [Date]

To: [Principal Name / Athletic Director Name / Teacher Name]
School Name: [Name of School]
Subject: Academic and Athletic Accommodations for [Student Name]

Dear [Recipient Name],

I am writing to formally request accommodations for [Student Name], who is currently enrolled in [Grade Level/Class]. Due to [Medical Condition/Reason for Request], it is necessary to implement specific adjustments to ensure their safety and success in both the classroom and sports programs.

Requested Academic Accommodations:

- [Example: Extended time on tests and assignments]
- [Example: Preferential seating near the front of the class]
- [Example: Frequent breaks during instructional time]

Requested Athletic Accommodations:

- [Example: Modified physical activity or restricted contact]
- [Example: Additional hydration breaks and cooling periods]
- [Example: Permission to carry and use medical equipment/medication during practice]

Duration:
These accommodations are requested to begin on [Start Date] and remain in effect until [End Date or "Further Notice"].

Attached you will find documentation from [Doctor/Professional Name] supporting these requirements. We would like to schedule a meeting to discuss how these measures will be implemented to best support [Student Name].

Thank you for your cooperation and commitment to [Student Name]'s education and well-being.

Sincerely,

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