

# Request for Medical Leave Approval

Date: [Insert Date]

To,

The Principal,  
[School Name]  
[School Address]  
[City, State, Zip Code]

Dear [Principal's Name],

I am writing to formally request medical leave for my child, [Child's Name], who is currently enrolled in [grade/class] at [School Name]. Due to [briefly explain medical condition], [he/she/they] will need to take leave from school starting [start date] and anticipate returning on [return date].

I have attached a medical certificate from our physician confirming the necessity of this leave. We assure you that [Child's Name] will keep up with all assignments and homework during this time.

Thank you for your understanding and support. Please feel free to contact me at [your phone number] or [your email address] should you have any questions or require further information.

Sincerely,  
[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Phone Number]  
[Your Email Address]