

Re-Admission Verification

Date: [Insert Date]

[School Name]

[School Address]

[City, State, Zip Code]

Dear [Parent/Guardian's Name],

We are pleased to inform you that we have received your application for the re-admission of [Student's Name] for the [Grade/Year] in the upcoming school year.

To complete the re-admission process, please ensure that the following documentation is provided:

- Completed re-admission application form
- Previous school records
- Medical clearance form
- Any applicable fees

The deadline for submitting these documents is [Insert Deadline]. Should you have any questions or require further assistance, please contact our admissions office at [Contact Information].

Thank you for your attention to this matter. We look forward to welcoming [Student's Name] back to [School Name].

Sincerely,

[Your Name]

[Your Title]

[School Name]

[Contact Information]