

School Absence Request for Medical Reasons

Date: [Insert Date]

To: [Teacher's/Principal's Name]

[School's Name]

[School's Address]

Dear [Teacher's/Principal's Name],

I hope this message finds you well. I am writing to formally request a leave of absence for my child, [Child's Name], who is a [Grade/Class] student at [School's Name]. Due to medical reasons, [he/she/they] will be unable to attend school from [Start Date] to [End Date].

[Child's Name] has been advised by [his/her/their] doctor to take this time off to ensure a full recovery. We will ensure that [he/she/they] keeps up with assignments and any schoolwork during this period.

Thank you for your understanding and support. Please let us know if you need any further information or documentation regarding this matter.

Sincerely,

[Your Name]

[Your Relationship to the Child]

[Your Contact Information]