

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[School Name]

[School Address]

[City, State, Zip Code]

Subject: Request for Medical Records for School Admission

Dear [School Administrator's Name],

I am writing to request the medical records of my child, [Child's Full Name], who is applying for admission to [School Name] for the [School Year/Grade Level]. It is essential for the school to have this information to ensure that they can provide the appropriate care and support for my child.

Below are the relevant details:

- Child's Date of Birth: [Date of Birth]
- Parent/Guardian Name: [Your Name]
- Contact Information: [Your Phone Number, Email Address]

Please send the medical records to my email address or to the school's address listed above at your earliest convenience. If you require any additional information or forms to process this request, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]