

Confirmation of Acceptance into Special Needs Services

Date: [Insert Date]

To: [Parent/Guardian's Name]

[Address]

[City, State, Zip Code]

Dear [Parent/Guardian's Name],

We are pleased to inform you that [Child's Name] has been accepted into our Special Needs Services program. Our team is dedicated to providing the necessary support and resources to help your child thrive.

Details of the program are as follows:

- Program Start Date: [Insert Start Date]
- Location: [Insert Location]
- Contact Person: [Insert Contact Person Name and Number]

We understand that navigating special needs services can be overwhelming. Please do not hesitate to reach out if you have any questions or need further assistance.

We look forward to working with you and [Child's Name].

Best regards,

[Your Name]

[Your Title]

[Institution/Organization Name]

[Contact Information]