

SAMPLE LETTER

School Letter

This is a sample letter you can give a medical provider to duplicate. The italicized areas must be completed.

This letter must be on the letterhead from the school.

School Name
123 Street Name
City, ST Zip Code
Phone Number

Date: *xx/xx/20xx*

RE: Child's Name

To Whom It May Concern:

School records show that *Child's Name* is a student In Grade *X* at *School Name*. School Records list *Name of Taxpayer* as the parent/guardian and living with his/her *Relationship to Child* at *123 Street Name City ST Zip Code* from *Date* to *Date*. ←

If you have any questions you may call us at *Telephone Number*.

Thank You,

First Name, Last Name
School Principal Or School Administrator

Note: The letter must show the child lived with parent/guardian for over half of the year in questioning in order to qualify. If the child does not currently live with the parent/guardian, the letter can indicate the date the child moved out, but must still show the child lived there for more than half of the year in questioning. The letter should show the earliest date the child lived there.