

[\*Patty Parent]  
[500 Main St.]  
[Any Town, MT] [59000]  
Phone: [406-555-5555]

October 17, 2017

[\*Name of Principal]  
[School Address]  
[City, State Zip Code]

**VIA CERTIFIED MAIL/RETURN RECEIPT REQUESTED**

Re: Accommodation Request for [insert child's name], DOB: [insert date of birth]

Dear [Mr./Ms.] [Name of Principal],

I am writing as the parent of [\*insert child's name]. [\*insert child's name] experiences the following [\*disability/disabilities]: [\*list all disabilities]. I am formally requesting that the District grant [\*insert child's name] a reasonable accommodation based on my child's [\*disability/disabilities]. [\*insert child's name] needs the following reasonable accommodation(s):

1. [\*describe reasonable accommodation request].
2. [\*add or delete as needed]
3. [\*add or delete as needed]

This request is made pursuant to Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act. The requested accommodation is necessary to allow [\*insert child's name] to effectively access the benefits of the school's public services, programs, and activities.

Please provide a response to this request in writing no later than one week from today. Additionally, please include this letter in my child's file as part of [\*his/her] educational record. Thank you for your prompt attention to this matter.

Sincerely,

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[\*insert your name]