

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[School Name]
[School Address]
[City, State, Zip Code]

Dear [Admissions Office/Specific Person's Name],

Subject: PCR Test Result Submission for School Admission

I am writing to submit my child's PCR test results as part of the admission requirements for [School Name] for the academic year [Year/Term].

Student's Name: [Child's Name]

Date of Birth: [Child's Date of Birth]

Testing Date: [Date of PCR Test]

Result: [Positive/Negative] (attach result document)

We appreciate your attention to this matter and look forward to your response.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

[Your Relationship to the Child]