Hillsboro City Schools
39 Willettsville Pike
Hillsboro, OH 45133
www.hcs-k12.org
ph.937-393-3475 fax 937.393.5841

Date_____

Dear Parents or Guardians:

This letter is in regard to an upcoming absence of your child's teacher,_____.
_____ will be out for an extended time due to medical reasons and Hillsboro City Schools has not been able to secure a Highly Qualified Teacher to replace your child's teacher. Therefore, the District will be employing a long-term substitute who has an approved license from the Ohio Department of Education.

_____ will be filling in for your child's teacher. This substitute has an approved license from the Ohio Department of Education and has substituted in our district in many teaching capacities.

If you have any questions or concerns, please feel free to call, email, or come to my office to discuss your hesitations.

Sincerely,

Principal
Federal,

SAMPLE