**Transfer Certificate Letter Due to Health Reasons**

[School Letterhead]

[Date]

[Student's Name]

[Student's Address]

[City, State, Zip Code]

Dear [Student's Name],

Subject: Transfer Certificate Due to Health Reasons

This is to certify that [Student's Name] was a student of [School Name] and is now leaving the school due to health reasons, as confirmed by medical documentation. We hereby grant them a Transfer Certificate, indicating that they are no longer a student of this school.

We extend our best wishes to [Student's Name] for a full and speedy recovery.

Sincerely,

[Principal's Name]

[Principal's Signature]

[School Name]