



Student Excused Absence Form

Hope Online Learning Academy Co-op
2001 East Easter Avenue, Suite 202
Centennial, Co 80122

Student Name: _____

Learning Center: _____

Date: _____

Date(s) of absence: From _____ To _____

Please identify the nature of the reason for the absence.

- _____ Medical
- _____ Legal
- _____ Other (Please explain:)

Additional Comments (Optional):

Name (Print): _____

Phone No.: _____ Date: _____

Signature: _____

Parent Name: _____

Parent Signature: _____

Please Note: This form is to be completed upon the student's return to school