NEW BEGINNINGS BIBLE SCHOOL

# Excused Absence Form

First Name_____ Last Name_____

Date Missed_____ Class Missed_____

Reason for Absence_____

_____

_____

Signature_____ Date Submitted_____

*All forms must be complete and handed in to the NBBS administrator at the end of class no later than 10 days from absence date.*

**Excused Absences:**

Death in Family and/or funeral arrangements

Medical Emergency in Immediate Family

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**Office Use Only**

**Excused Absence Approved: YES_____ NO_____**

**Reason Why**_____

_____

**NBBS Staff**_____**Date**_____

**Pastor**_____**Date**_____