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Certification of Student Extracurricular Event Hours

Education Show

Field Trip

Charitable Event

Student Name: _____ **Permit Number:** _____

School Name: _____ **School License Number:** _____

Salon Name : _____ **Name of Event :** _____

Address of Event: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

Date(s) of Event: _____ **Event Hours Completed:** _____

Event Coordinator Name: _____ **Signature:** _____

Event Description: _____

- School administrators are required to fully complete this form and submit through the students record in the school portal at least five (5) business days prior to the event start date. Monitor your emails for the final result of the request.
- 201 KAR 12:082, Upon completions of the event, submit a final signed document in full through the students record in the school portal. Ensure you have entered the hours on the same day of submission for accuracy. Your submission hours and this form must be received through the portal no later than ten (10) business days following the event ending date. Monitor your emails for the final result of the request.

STUDENT SIGNATURE

SIGNATURE OF SCHOOL REPRESENTATIVE

For KBC Use only:

Date Received: _____ **Approved** **Denied** **Date:** _____ **Initials:** _____