



Andy Beshear
Governor

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Executive Director

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Certification of Extracurricular Event Hours

Charitable Event

Education Show

Field Trip

Student Name: _____ Permit #: _____

School Name: _____ School License #: _____

Salon License # (If Applicable): _____ Event Name: _____

Event Address: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

Event Date: _____ Event Hours Expected/Completed: _____

Event Coordinator (EC) License # (If Applicable): _____

EC Name (Printed): _____ EC Signature: _____

Event Description (What services or activities were performed):

School administrators are **required to complete this form** and submit through the student's record in the school portal at least **five (5) business days prior to the event start date**. Signatures are not required for the initial submission. Monitor email for the status of the request.

Upon completion of the event, this form must be **resubmitted fully completed with all required signatures** through the student's record in the school portal. Hours must be entered on the same day as submission for accuracy. All documentation must be received through the portal **no later than ten (10) business days following the event date** per **201 KAR 12:082**.

Student Signature

School Representative Signature

Revised 03/31/2026