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Governor

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Executive Director

1049 US HWY 127 Annex #2 • Frankfort, KY 40601 • (502)-564-4262 • www.KBC.ky.gov

Certification of Student Extracurricular Event Hours

Show

Field Trip

Charity

Student Name: _____ Permit Number: _____

School Name: _____ School License Number: _____

Name of Event: _____ Contact Phone Number: _____

Address of Event: _____
STREET ADDRESS

CITY STATE ZIP CODE

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

Event Coordinator Name: _____ Signature: _____

Event Description: _____

- All extracurricular events must be educational in nature. The school must provide the Board office with notification of the event no later than five business days prior to the event start date.
- Per 201 KAR 12:082, this completed form AND digital submission of hours must be received in the Board office within 10 business days following the event ending date.

STUDENT SIGNATURE

SIGNATURE OF SCHOOL REPRESENTATIVE

For KBC Use Only:

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