



## Bullitt County Public Schools

1040 Highway 44 East  
Shepherdsville, Kentucky 40165

502-869-8000  
Fax 502-543-3608  
[www.bullittschools.org](http://www.bullittschools.org)

To: Keith Davis, Superintendent  
From: Troy Kolb, Director of Special Education  
Date: February 7, 2018  
Re: Permission to travel to Carl Perkins Rehabilitation Center

Kentucky statute requires Departments of Special Education to assist students in transitioning from high school to post-secondary education or workforce. One of the options for education beyond high school is the Carl Perkins Rehabilitation Center in Thelma, Kentucky.

We are asking permission to take a group of students on a day trip to the Carl Perkins campus for a tour. The students will travel on a chartered bus, and will be chaperoned by BCPS employees. Grant money obtained through the Ohio Valley Educational Cooperative will cover the cost of transportation as well as the cost of substitutes for school staff chaperoning. Students will be bring a small amount of money to cover lunch and/or any small snacks. Pending board approval, the trip will take place on March 30, 2018.

Enclosed are the travel itinerary, parent information letter, student permission form, and field trip request form.

OK Feb.  
R  
Blyden



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February 2018

Mr. Davis,

This letter is to request permission from BCPS to transport students to Carl Perkins Rehabilitation Center. The purpose of the trip to Thelma, KY is to provide students with an opportunity to visit the post-secondary institution that allows them to continue their education and training. Providing students with post-secondary options and information is a requirement under IDEA law. Each high school will select specific students to travel to the facility for a tour of the campus and a close up look at the programs offered by the center. The students will travel in a 14 passenger limo van and will be supervised by school staff, the cost of which will be covered by grant money obtained through the Ohio Valley Educational Cooperative. The only cost to students will be extra lunch/snack money parents may want to provide. The date, pending board of approval, for the trip is March 30<sup>th</sup>, 2018.

Jennifer Fletcher  
Special Education Consultant

# **Carl Perkins Rehabilitation Center**

**Thelma, KY**

## **Field Trip Itinerary**

<b>7:30 am</b>	<b>Bus picks up students at BCHS</b>
<b>11:00 am</b>	<b>Arrive at Carl Perkins Rehabilitation Center</b>
<b>11:30 am</b>	<b>Lunch</b>
<b>1:30 pm</b>	<b>Leave Carl Perkins Rehabilitation Center</b>
<b>5:00 pm</b>	<b>Bus drops students off at BCHS</b>

**In-State School-Related Student Trip Permission Slip/Medical Release Form****This form to be used for all school sponsored events in Kentucky**

This consent form is to be signed only after understanding and agreeing to the information below. If this completed form is not at school by the appropriate deadline and any necessary medications/supplies are not at the school prior to the trip, the student will not be permitted to participate.

Student's Name _____			
Last Name	First Name	Middle Initial	
School _____	Grade _____	Homeroom/Classroom _____	
Field Trip Date(s) _____		Destination _____	
Alternate Destination, if applicable _____			
Mode of Transportation _____		Cost to Student, if applicable \$ _____	

**EXPECTATIONS AND INSTRUCTIONS:**

I understand the following is expected of the student:

- To follow instructions given by a teacher/chaperone.
- Not to leave or separate from the group without appropriate authorization from a teacher/chaperone.
- Comply with all school and District policies and rules of conduct.

In the event any of the above expectations or instructions are violated, I understand school officials reserve the right to remove the student from the trip and the student will be subject to disciplinary consequences.

I UNDERSTAND THAT PARTICIPATION IN FIELD TRIPS MAY INCLUDE ACTIVITIES THAT INVOLVE RISK OF HARM TO MY CHILD. I ACKNOWLEDGE I AM FULLY INFORMED OF THE ACTIVITIES CONTEMPLATED.

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s).

During an emergency, I authorize any and all physicians, trained school personnel, and/or other medical providers to render such emergency treatment as deemed necessary for the health of my child. Furthermore, I acknowledge that I am responsible for any and all medical expenses, to include transportation to a medical facility, incurred as a result of my child's participation in this school field trip. If any emergency medical procedures or treatments are required during this trip, I consent for the trip supervisor/sponsor(s) to arrange for them at their discretion.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Please return this form to your child's teacher.

Student medication may not be repackaged for field trips by school personnel. If your child needs medication during the school day we are requiring a separate bottle that is obtained from the pharmacy with a correct label and filled with the amount of medication needed for the trip.

Review/Revised:6/24/13

# Approval to Participate in Pre-Employment Transition Services (ETS)



Student Name: \_\_\_\_\_ School District: \_\_\_\_\_

*I understand that by signing this document, my (child's) school will provide the Office of Vocational Rehabilitation (OVR) and Ohio Valley Educational Cooperative (OVEC) with the information listed below. I understand that currently I am not applying for OVR services; your signature grants permission to participate in pre-employment transition services being offered through my (child's) school. I understand that I may apply for OVR services at any time should my child need their services in the future.*

*Photographs of students in the classroom and/or participating in school transition activities or transition functions are taken for publicity purposes for use in school, cooperative and/or media publications.*

*(Parent or Student if 18 or older, Initial) I DO \_\_\_\_\_ or DO NOT \_\_\_\_\_ give permission for my child's/personal photo to be taken for use in school, cooperative, and/or media publications*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (if age 18 or older) \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*This student has a verified disability, as confirmed by school district staff, either by means of an Individualized Education Program (IEP), 504, disability documentation or statement from a doctor.*

School Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Student Information completed by school staff*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Expected Date to Exit School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Ethnicity: ☐Hispanic ☐Latino ☐Neither

Race: ☐White ☐Black or African American ☐Native Hawaiian or Other Pacific ☐Asian ☐American Indian or Alaskan Native

**For Internal Educational Cooperative Use Only:**

☐ Job Exploration ☐ Workplace Readiness Training ☐ In-School Workshop ☐ Post-Secondary  
☐ Work-Based Learning Experience ☐ Conference/Transition Fair ☐ Summer Experience ☐ Self-Advocacy

OVEC Transition Specialist: \_\_\_\_\_

Duration of Services: \_\_\_\_\_ Date: \_\_\_\_\_

Description of Experience(s): \_\_\_\_\_



Parent/Guardian,

Attached, you will find a form requesting your permission to provide basic information about your child as he/she participates in various pre-employment transition services offered by your child's school in partnership with the Office of Vocational Rehabilitation and Ohio Valley Educational Cooperative.

The Office of Vocational Rehabilitation and Ohio Valley Educational Cooperative have recently received funds through the Workforce Innovation and Opportunity Act (WIOA), which will allow us to provide a variety of transition opportunities for students, ages 14-21, to explore different jobs, work-based learning opportunities, post-secondary educational opportunities, workplace readiness training and instruction in self-advocacy. We look forward to providing some of these opportunities this school year; summer activities may be available in some districts as well. Information in the attached form is documentation requested by the Office of Vocational Rehabilitation.

Thank you for allowing your child an opportunity to explore these areas of transition as he/she prepares for post-secondary school success. If you have questions, please feel free to contact your child's school.

Ohio Valley Educational Cooperative  
PO Box 1249 100 Alpine Dr.  
Shelbyville, KY 40066  
502-647-3533



Moving Forward

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Fax 502-543-3608  
[www.bullittschools.org](http://www.bullittschools.org)

March 2018

Dear Parents,

In an effort to provide your child with as many postsecondary options as possible, Bullitt County Public Schools are providing select high school students with an opportunity to attend a tour of Carl Perkins Rehabilitation Center, a post-secondary vocational school located in Thelma, KY. The tour will provide students with an opportunity to view the campus and get a closer look at many of the programs the institution has to offer to incoming students. Carl Perkins staff will be accessible throughout the tour to answer any questions students may have, including how to apply and access these postsecondary opportunities.

The trip to Carl Perkins Rehabilitation Center will take place on March 30th, 2018. Students will be picked up at Bullitt Central High School at 7:30 am by a chartered bus and will travel to Thelma, KY, arriving at the Carl Perkins Center campus around 11:00 am. Students will eat lunch on campus and will have the opportunity to purchase snacks. Students will board the bus to return to Bullitt County around 1:00 pm, arriving at Bullitt Central High school around 4:30-5:00pm. You are invited to attend with your child as well, please contact Mrs. Bannon or Mr. Leonard to express your interest in attending the trip. This trip is on a first come first serve basis. If you are unable to attend, please look for information that your child will bring home from the trip.

Thank you for your continued support.

Jennifer Fletcher  
Bullitt County Public Schools  
(502) 869-8134  
[jennifer.fletcher@bullitt.kyschools.us](mailto:jennifer.fletcher@bullitt.kyschools.us)

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Please sign and return this form to **Casey Bannon at North Bullitt High School** to provide permission for your child to attend the Carl Perkins Rehabilitation Center.

I, \_\_\_\_\_, provide permission for my child, \_\_\_\_\_, to be transported to Carl Perkins Rehabilitation Center in Thelma, KY to be able to attend a tour of the campus on March 30, 2018.

\_\_\_\_\_ I will attend the Carl Perkins Rehabilitation Center visit with my child.

\_\_\_\_\_  
Equal Education and Employment Institution

**In-State School-Related Student Trip Permission Slip/Medical Release Form****This form to be used for all school sponsored events in Kentucky**

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Student's Name _____			
Last Name	First Name	Middle Initial	
School _____	Grade _____	Homeroom/Classroom _____	
Field Trip Date(s) _____		Destination _____	
Alternate Destination, if applicable _____			
Mode of Transportation _____		Cost to Student, if applicable \$ _____	

**EXPECTATIONS AND INSTRUCTIONS:**

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- To follow instructions given by a teacher/chaperone.
- Not to leave or separate from the group without appropriate authorization from a teacher/chaperone.
- Comply with all school and District policies and rules of conduct.

In the event any of the above expectations or instructions are violated, I understand school officials reserve the right to remove the student from the trip and the student will be subject to disciplinary consequences.

I UNDERSTAND THAT PARTICIPATION IN FIELD TRIPS MAY INCLUDE ACTIVITIES THAT INVOLVE RISK OF HARM TO MY CHILD. I ACKNOWLEDGE I AM FULLY INFORMED OF THE ACTIVITIES CONTEMPLATED.

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s).

During an emergency, I authorize any and all physicians, trained school personnel, and/or other medical providers to render such emergency treatment as deemed necessary for the health of my child. Furthermore, I acknowledge that I am responsible for any and all medical expenses, to include transportation to a medical facility, incurred as a result of my child's participation in this school field trip. If any emergency medical procedures or treatments are required during this trip, I consent for the trip supervisor/sponsor(s) to arrange for them at their discretion.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Please return this form to your child's teacher.

Student medication may not be repackaged for field trips by school personnel. If your child needs medication during the school day we are requiring a separate bottle that is obtained from the pharmacy with a correct label and filled with the amount of medication needed for the trip.

Review/Revised:6/24/13



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Student Name: \_\_\_\_\_ School District: \_\_\_\_\_

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*Photographs of students in the classroom and/or participating in school transition activities or transition functions are taken for publicity purposes for use in school, cooperative and/or media publications.*

*(Parent or Student if 18 or older, Initial) I DO \_\_\_\_\_ or DO NOT \_\_\_\_\_ give permission for my child's/personal photo to be taken for use in school, cooperative, and/or media publications*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (if age 18 or older) \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*This student has a verified disability, as confirmed by school district staff, either by means of an Individualized Education Program (IEP), 504, disability documentation or statement from a doctor.*

School Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Student Information completed by school staff*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School \_\_\_\_\_

Grade: \_\_\_\_\_ Expected Date to Exit School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Ethnicity: ☐Hispanic ☐Latino ☐Neither

Race: ☐White ☐Black or African American ☐Native Hawaiian or Other Pacific ☐Asian ☐American Indian or Alaskan Native

**For Internal Educational Cooperative Use Only:**

☐ Job Exploration ☐ Workplace Readiness Training ☐ In-School Workshop ☐ Post-Secondary  
☐ Work-Based Learning Experience ☐ Conference/Transition Fair ☐ Summer Experience ☐ Self-Advocacy

OVEC Transition Specialist: \_\_\_\_\_

Duration of Services: \_\_\_\_\_ Date: \_\_\_\_\_

Description of Experience(s): \_\_\_\_\_



Parent/Guardian,

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The Office of Vocational Rehabilitation and Ohio Valley Educational Cooperative have recently received funds through the Workforce Innovation and Opportunity Act (WIOA), which will allow us to provide a variety of transition opportunities for students, ages 14-21, to explore different jobs, work-based learning opportunities, post-secondary educational opportunities, workplace readiness training and instruction in self-advocacy. We look forward to providing some of these opportunities this school year; summer activities may be available in some districts as well. Information in the attached form is documentation requested by the Office of Vocational Rehabilitation.

Thank you for allowing your child an opportunity to explore these areas of transition as he/she prepares for post-secondary school success. If you have questions, please feel free to contact your child's school.

Ohio Valley Educational Cooperative  
PO Box 1249 100 Alpine Dr.  
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502-647-3533



Moving Forward

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March 2018

Dear Parents,

In an effort to provide your child with as many postsecondary option as possible, Bullitt County Public Schools are providing select high school students with an opportunity to attend a tour of Carl Perkins Rehabilitation Center, a post-secondary vocational school located in Thelma, KY. The tour will provide students with an opportunity to view the campus and get a closer look at many of the programs the institution has to offer to incoming students. Carl Perkins staff will be accessible throughout the tour to answer any questions students may have, including how to apply and access these postsecondary opportunities.

The trip to Carl Perkins Rehabilitation Center will take place on March 30th, 2018. Students will be picked up at Bullitt Central High School at 7:30 am and be chartered by 14 passenger limo van and will travel to Thelma, KY, arriving at the Carl Perkins Center campus around 11:00 am. Students will eat lunch on campus and will have the opportunity to purchase snacks. Students will board the bus to return to Bullitt County around 1:00 pm, arriving at Bullitt Central High School around 4:30-5:00pm. You are invited to attend with your child as well, please contact Mrs. Fryman to express your interest in attending the trip. This trip is on a first come first serve basis. If you are unable to attend, please look for information that your child will bring home from the trip.

Thank you for your continued support.

Jennifer Fletcher  
Bullitt County Public Schools  
(502) 869-8134  
[jennifer.fletcher@bullitt.kyschools.us](mailto:jennifer.fletcher@bullitt.kyschools.us)

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Please sign and return this form to **Denise Fryman** at **Bullitt East High School** to provide permission for your child to attend the Carl Perkins Rehabilitation Center.

I, \_\_\_\_\_, provide permission for my child, \_\_\_\_\_, to be transported to Carl Perkins Rehabilitation Center in Thelma, KY to be able to attend a tour of the campus on March 30th, 2018.

\_\_\_\_\_  
Parent Signature

Equal Education and Employment Institution

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*\*\*This student has a verified disability, as confirmed by school district staff, either by means of an Individualized Education Program (IEP), 504, disability documentation or statement from a doctor.*

School Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Student Information completed by school staff*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School \_\_\_\_\_

Grade: \_\_\_\_\_ Expected Date to Exit School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Ethnicity: ☐Hispanic ☐Latino ☐Neither

Race: ☐White ☐Black or African American ☐Native Hawaiian or Other Pacific ☐Asian ☐American Indian or Alaskan Native

## For Internal Educational Cooperative Use Only:

☐ Job Exploration ☐ Workplace Readiness Training ☐ In-School Workshop ☐ Post-Secondary  
☐ Work-Based Learning Experience ☐ Conference/Transition Fair ☐ Summer Experience ☐ Self-Advocacy

OVEC Transition Specialist: \_\_\_\_\_

Duration of Services: \_\_\_\_\_ Date: \_\_\_\_\_

Description of Experience(s): \_\_\_\_\_



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March 2018

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Thank you for your continued support.

Jennifer Fletcher  
Bullitt County Public Schools  
(502) 869-8134  
[jennifer.fletcher@bullitt.kyschools.us](mailto:jennifer.fletcher@bullitt.kyschools.us)

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Please sign and return this form to **Jennifer Hallinan** at **Bullitt Central High School** to provide permission for your child to attend the Carl Perkins Rehabilitation Center.

I, \_\_\_\_\_, provide permission for my child, \_\_\_\_\_, to be transported to Carl Perkins Rehabilitation Center in Thelma, KY to be able to attend a tour of the campus on March 30th, 2018.

\_\_\_\_\_ I will attend the Carl Perkins Rehabilitation Center visit with my child.

\_\_\_\_\_  
Equal Education and Employment Institution