



**After School Activity Bus Pass Program  
for Cumberland County Schools**

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

Activity Name: \_\_\_\_\_

Number of Passes Requested: \_\_\_\_\_

Name of Person Requesting: \_\_\_\_\_

Title of Person Requesting: \_\_\_\_\_

Signature of Person Requesting: \_\_\_\_\_

Approved By \* (Print Name & Title): \_\_\_\_\_

Approved By (Sign & Date): \_\_\_\_\_

\* Approval must be made by a Principal, Vice-Principal or Athletic Director

For Office Use Only:

# of Passes Issued \_\_\_\_\_ Pass Start # \_\_\_\_\_ End # \_\_\_\_\_

Date Passes Issued \_\_\_\_\_ Passes Issued By \_\_\_\_\_

Delivery Method \_\_\_\_\_

Please contact Imelda Joseph at (910) 433-1747 if you have any questions.