

**ONslow COUNTY SCHOOL SYSTEM
CONTROLLED ENROLLMENT INTENT
FORM 2025-2026**

Intent Forms are due on or before ***Friday, April 25, 2025***

This form should be completed by all current controlled enrollment students in any specialized program at any high school.

| | | |
|------------------------------|---------------------------------|-----------------------------------------------|
| (Student Last Name) | (Student First Name) | (Middle) |
| (Student ID#) | (Date of Birth- Month/Day/Year) | (Grade Level in 2025-2026) |
| (Parent/Legal Guardian Name) | | (Relationship to Child) |
| (Address) | (City) | (State) (Zip) |
| (Home Phone Number) | (Work Phone Number) | (Cell Number) |
| (Home District School) | (Controlled Enrollment School) | (Controlled Enrollment Academy/Program Title) |

I understand that by signing this intent form that my child will continue to be eligible for enrollment in the above listed Controlled Enrollment program. I understand that I will be responsible for transportation to and from the Controlled Enrollment school and that my child must remain enrolled in the program for the entire academic year. I understand that my child must be making satisfactory progress in the above listed academy/program.

| | |
|---------------------|--------|
| (Student Signature) | (Date) |
| (Parent Signature) | (Date) |

For School Use Only

- ☐ Student is making satisfactory progress in the above listed academy/program.
- ☐ Student is not making satisfactory progress in the above listed academy/program.
- ☐ Approved
- ☐ Not Approved

Reason:

| | |
|--------------------------------|--------|
| (Principal/Designee Signature) | (Date) |
|--------------------------------|--------|

For Central Office Use Only

Your child has been assigned to the academy/program listed above.

| | |
|---------------------------------------|--------|
| (Student Services Director Signature) | (Date) |
|---------------------------------------|--------|