ONSLOW COUNTY SCHOOL SYSTEM CONTROLLED ENROLLMENT APPLICATION 2025-2026

А	applications will not be accept	ed after <i>Friday, August</i>	1, 2025		
(Student Last Name)	(Student First Name)	(Middle)	(Grade Level ir	n 2025-2026)	
(Student ID #)		(Date of Birth – Month/Day/Year)			
		·			
(Parent/Legal Guardian Name)		(Relationship to Child)			
(Parent/Legal Guardian Address)		(City)	(State)	(Zip)	
	(Mailing Address – if differer	nt from above)			
(Home Phone Number)	(Work Pho	one Number)	(Cell Number	-)	
(Home District School)		(School Attended	(School Attended in 2024-2025)		
	SWHS - Marine Cor	ps JROTC			
	*Available for application be	eginning in 9 th grade			
(Controlled Enrollment School)		(Requested Specialized Program)			
(Controlled Enrollment School)		(Requested Specialized Program)			
Check the box b	elow if applicable : Each new app	licant must submit a sepa	rate application.		
	bling also applying to this controlled will be based on available space at the			Sibling	
(Student Last Name)	(Student First Name)	(Middle)	(Grade Level in 20	024-2025)	
e read the Onslow County High School ram, that I will be responsible for trans e program for the entire academic yea	sportation both to and from the Con				
(Parent/Legal Guard		(Date)			