ONSLOW COUNTY SCHOOL SYSTEM
CONTROLLED ENROLLMENT INTENT
FORM 2026-2027

Intent Forms are due on or before ***Friday, April 24, 2026***

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 2026-2027)

(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)