

**ONslow COUNTY SCHOOL SYSTEM  
 CONTROLLED ENROLLMENT APPLICATION  
 2017-2018**

Applications will not be accepted after **Friday, May 5, 2017**

(Student Last Name)	(Student First Name)	(Middle)	(Grade Level in 2016-2017)
(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 different from above)			
(Home Phone Number)	(Work Phone Number)	(Cell Number)	
(Home District School)		(School Attended in 2016-2017)	

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• JHS – Engineering Academy</li> <li>• JHS – Health Science Academy</li> <li>• JHS – International Baccalaureate Diploma Programme*</li> <li>• JHS – International Baccalaureate Career-related Certificate Programme*</li> <li>• NHS – 21st Century Academy</li> <li>• NHS – Air Force Junior ROTC*</li> <li>• NHS – Culinary Arts Academy*</li> <li>• NHS – Advanced/Applied Technology*</li> <li>• RHS – Engineering Academy</li> </ul> | <ul style="list-style-type: none"> <li>• SWHS – Advanced Automotive/Transportation Technology*</li> <li>• SBHS – Audio/Visual &amp; Communication Academy</li> <li>• SBHS – Culinary Arts/ProStart Academy</li> <li>• SBHS – Engineering and Construction Academy</li> <li>• SBHS – Health Sciences Academy</li> <li>• WOHS – Engineering Major</li> <li>• WOHS – Sports Medicine/Physical Trainer Major</li> <li>• WOHS – Leadership Academy*</li> </ul> |
|---|---|

*\*Available for application beginning in 9<sup>th</sup> grade; All others are available for application beginning in 10<sup>th</sup> grade*

1.	(Controlled Enrollment School)	(Requested Specialized Program)
2.	(Controlled Enrollment School)	(Requested Specialized Program)

Check the box below **if applicable**: Each **new** applicant must submit a separate application.

This applicant has a sibling also applying to this controlled enrollment program for the 2017-2018 school year. Sibling acceptance will be based on available space at the receiving school. List sibling information below.

(Student Last Name)	(Student First Name)	(Middle)	(Grade Level in 2016-2017)
(Student ID #)		(Date of Birth – Month/Day/Year)	

I have read the Onslow County High School Course Selection Guide and understand the process for selection into a Controlled Enrollment Program, that I will be responsible for transportation both to and from the Controlled Enrollment school and that my child must remain enrolled in the program for the entire academic year.

(Parent/Legal Guardian Signature)	(Date)
-----------------------------------	--------