

ONSLow COUNTY SCHOOL SYSTEM
CONTROLLED ENROLLMENT APPLICATION
2018-2019

Applications will not be accepted after **Friday, May 4, 2018**

(Student Last Name)	(Student First Name)	(Middle)	(Grade Level in 2017-2018)	
(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 2017-2018)	

- | | |
|--|---|
| <ul style="list-style-type: none"> • JHS – Health Science Academy • JHS – International Baccalaureate Diploma Programme* • JHS – International Baccalaureate Career-related Certificate Programme* • NHS – Air Force Junior ROTC* • NHS – Advanced/Applied Technology* • RHS – Engineering Academy • SWHS – Public Safety | <ul style="list-style-type: none"> • RHS- Agriscience Academy • SBHS – Audio/Visual & Communication Academy • SBHS – Engineering and Construction Academy • SBHS – Health Sciences Academy • WOHS – Engineering Major • WOHS – Covey Leadership Series/Academy • WOHS – Sports Medicine/Physical Trainer Major |
|--|---|

**Available for application beginning in 9th grade; **Available for application beginning in 11th grade; All others are available for application beginning in 10th 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 2018-2019 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 2017-2018)	
(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)