

**ONslow COUNTY SCHOOL SYSTEM
CONTROLLED ENROLLMENT INTENT
FORM 2024-2025**

Intent Forms are due on or before **Friday, April 26, 2024**

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 2024-2025)
(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)
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For Central Office Use Only

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

(Student Services Director Signature)	(Date)
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