

Program of Interest (POI)

DROP FORM

2026-27 School Year

DUE JANUARY 16TH TO

MRS. STONE



Student's Name: _____ **ID #:** _____ **Current Grade:** _____

Current School Name: _____ **Zoned for:** _____

Current Academy or AICE: _____

Current Course Name: _____

Step #1... Student's reason for wanting to drop Program of Interest.

Step # 2... Parent's comments/recommendation regarding student's request:

Step # 3... Career Specialist's or IB/AICE/Early College/Early Career Coordinator's Review regarding student's request.

Student Signature

Date

Parent Signature

Date

Final Review by: _____ **Approved / Disapproved**
Career Specialist or IB/AICE/Early College/Early Career Coordinator – _____ **Date**

If approved, notification should be sent to Katie.Maltby@stjohns.k12.fl.us for eSP updates

Approved/Disapproved CS initials: _____

Reminder – Students not zoned for the current school, who will no longer be enrolled in a POI that makes the student eligible to attend a non-zoned school, will have to return to their zoned school for the next school year.