

# PROGRAM OF CHOICE (POC) CHANGE/DROP FORM

Effective for 2016-2017 School Year

Student's Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current School Name: \_\_\_\_\_ Zoned for: \_\_\_\_\_

Current POC: \_\_\_\_\_

Current Strand/Track: \_\_\_\_\_

Strand/Track you want to change to (for current 9<sup>th</sup> graders only): \_\_\_\_\_

\_\_\_\_\_

Intend to withdraw from the POC altogether: \_\_\_\_\_ Yes \_\_\_\_\_ No

Step #1... Student's reason for wanting to change/drop Program of Choice.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Final Review by:*

\_\_\_\_\_  
Date

Approved / Disapproved

Career Specialist or IB/AICE Coordinators –  
complete and give form to Career Specialist & Theresa Dodd

Action Taken: \_\_\_\_\_