

GATEWAY REGIONAL SCHOOL DISTRICT
HUNTINGTON, MA 01050

GATEWAY MIDDLE SCHOOL 6-8
SCHOOL CHOICE APPLICATION FORM
2023-2024

Principal's Signature

Student Name: _____ Date of Birth: _____
Last First Middle Initial Month/Day/Year

Last School Attended:

School Name

City/Town

Grade Student will be entering: _____

Why do you wish to enroll your child in the Gateway Regional Schools?

When do you want your child to attend school in Gateway? _____

Is the applicant the sibling of a student currently enrolled in the Gateway Schools?

_____ Yes _____ No

If yes, please complete:

Name of Sibling: _____

School of Sibling: _____ Grade of Sibling: _____

Parent/Guardian Signature

Address

Parent Printed Name

Date _____

Telephone _____