

GATEWAY REGIONAL SCHOOL DISTRICT  
HUNTINGTON, MA 01050

GATEWAY REGIONAL SCHOOL 6-12  
SCHOOL CHOICE APPLICATION FORM  
2024-2025

\_\_\_\_\_  
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: \_\_\_\_\_

Is your student on an IEP: Yes \_\_\_\_\_ No \_\_\_\_\_

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 \_\_\_\_\_