

**HOME EDUCATION  
SCHOOL YEAR 2025-2026  
APPLICATION**

**DIRECTIONS:**

\*All portions of this document must be completed before approval can be considered.  
Please complete this form and attach any supportive documents; and return to:

Home Education Department  
Gateway Regional School District  
12 Littleville Road  
Huntington, MA 01050 413-685-1011

1. **Parents name and address:**

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**Telephone:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

2. **Name(s) of student(s)** who will be taught at above designated home and current comparable public school grade level(s):

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade \_\_\_\_\_

3. **Period of Time** for which approval is sought: \_\_\_\_\_ through \_\_\_\_\_  
month/year month/year

4. **Teachers:** Attach a statement providing the following information about any persons who will serve as teachers in this program:

\*Name, teaching responsibility, college degrees (if any) and any other evidence to describe their teaching competence for the task to be assigned.

5. **Subjects to be taught:** Attach a description of each subject to be taught including the scope, major goals and objectives for the child, the major materials and methods to be used in each area.

6. **Schedule of instruction:** Attach a description of the schedule you plan for instruction during the period for which approval is requested. Also include the yearly schedule, the number of hours and days planned, and a description of attendance records.

7. **Evaluation:** Attach a statement describing the tests or measurements that you plan to use to evaluate your child's educational growth during this period. If this home education plan is approved the School Department will expect to evaluate the child's progress. The Superintendent may properly require periodic standardized testing of the children, and in consultation with the parents, may decide when the testing will occur and the type of testing instrument to be used.

8. **Sports:** \_\_\_\_\_ Please check here if your home school child wishes to try out for Gateway sports teams.

\*If your child tries out for and is selected to be a member of a Gateway sport team, he/she must comply with the MIAA regulations which include course approval from the building principal at Gateway. This also requires payment of the athletic fee and grades to be turned in by the date determined by that principal as well. \*Please let Matt Bonenfant, the Athletic Director know that your child will be a home school student. He can be reached at 685-1101 or athleticdirector@grsd.org