

GATEWAY REGIONAL SCHOOL DISTRICT
HUNTINGTON, MA 01050

GATEWAY REGIONAL SCHOOL 6-12
SCHOOL CHOICE APPLICATION FORM
2026-2027

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 _____