



Gateway On-Line
12 Littleville Road
Huntington, MA 01050
Main: 413.685.1020 Fax: 413.667.8739

Internet Access Account Application

First Name _____
Last Name _____ State _____
Address _____ Zip Code _____
City _____ Phone No. _____

Desired Email Address	_____	@dialup.grsd.org
Desired Password	_____	
Secret Word*	_____	
Type of Account	<input type="checkbox"/> Filtered	<input type="checkbox"/> Unfiltered

*Note: In case you lose your password

Please Return this form and remit Payment To:

**Gateway Regional School District
Business Office
12 Littleville Road
Huntington, MA 01050**

Payment Type:

- Cash/Check (Enclosed)
- Credit/Debit Card
Card Type (Circle one): Master Card - Visa
Cardholders Name (Print): _____
Card Number: _____
Expiration Date: _____
- Gateway Staff Payroll Dedication

I accept this agreement in it's entirety, along with the Gateway On-Line Terms and Conditions of Service.

Name (Signed): _____ Date: _____