

GATEWAY REGIONAL SCHOOL DISTRICT  
HUNTINGTON, MA 01050

GATEWAY HIGH SCHOOL 9-12  
SCHOOL CHOICE APPLICATION FORM  
2021-2022

\_\_\_\_\_  
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 \_\_\_\_\_