

MARTINS FERRY CITY SCHOOL DISTRICT

5001 AYERS LIMESTONE ROAD

MARTINS FERRY, OH 43935

Please Print

PHONE (740) 633-1732 FAX (740) 633-5666

INTERDISTRICT OPEN ENROLLMENT APPLICATION 2026-2027 SCHOOL YEAR

Date _____ Email _____

Name of Student: _____

First

Middle

Last

Place of Birth: _____ Date of Birth: _____ / _____ / _____

Parent/Guardian's Name: _____

Mother's Maiden Name: _____ Is student part of a military family? Yes No

Address: _____

Street

City

State

Zip

Phone: _____ - _____

Home

Work/Emergency

Grade level for 2026/27 school year: _____ Gender: _____ Race: _____

Name of School District of Residence: _____ Previous School Attended: _____

Reason for Transfer: _____

Has Student Been Suspended or Expelled? Yes _____ No _____ If Yes, Number of Days _____

If Handicapped Condition Exists, Please List Handicap: _____

If Enrolling for Special High School Courses or Special Education Courses, List Desired Classes:

_____ ; _____ ; _____ ; _____

Parent/Guardian Signature: _____

APPLICATION MUST BE RECEIVED BY THE MARTINS FERRY CITY SCHOOLS

SUPERINTENDENT'S OFFICE

NO LATER THEN MAY 15, 2026 AT 3:00 P.M.

APPLICATIONS WILL BE ACTED ON NO LATER THAN THE SECOND TUESDAY IN JUNE EACH YEAR

No student shall be denied admission to the Martins Ferry City School District or to a particular course or instructional program or be otherwise discriminated against for reasons of race, color, national origin, gender, handicap, or any other basis of unlawful discrimination.

(FOR OFFICE USE ONLY)

Received by _____ Date _____ Time _____

Approved by _____ Rejected by _____

Reason(s) _____ SSID# _____

Athletic release approved Yes _____ No _____ Date _____ / _____ / _____

interdis.info

Mission Statement:

The mission of Martins Ferry City Schools is to develop critical thinkers and responsible citizens in a positive and safe learning environment.