

Martins Ferry City School District

STUDENT REGISTRATION FORM

School Year: 2026-2027

Today's Date _____ Grade: _____ Email _____

Student's Name _____
Last First Middle

Street Address _____ First Call Phone Number _____

Mailing Address _____ Home Phone Number _____

City _____ State _____ Zip _____ Student's Date of Birth _____

Gender (M or F) _____ Student's Native Language _____ Student's City of Birth _____

Mother's Maiden Name (as it appears on student's birth certificate) _____ US Citizenship _____ Yes _____ No

Is this student Hispanic/Latino? _____ Yes _____ No
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Is student part of a military family? _____ Yes _____ No

Which of the following five racial groups applies to the student? Check all that apply.

_____ **American Indian or Alaska Native** - person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

_____ **Asian** - persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **Black or African American** - persons having origins in any of the black racial groups in Africa.

_____ **Native Hawaiian or Other Pacific Islander**

_____ **White** - people who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

Mother's Name _____ Place of Employment _____ Work or Contact Number _____

Father's Name _____ Place of Employment _____ Work or Contact Number _____

Parents are: ___ Married ___ Separated ___ Divorced ___ Father Deceased ___ Mother Deceased ___ Never Married

Note: If the student does not reside with parents, legal documentation must be provided to the school at time of enrollment.

Ex: Official court papers, legal guardianship papers, etc.

Student previously enrolled in Martins Ferry City School? ___ Yes ___ No Resident of Martins Ferry School District? ___ Yes ___ No

If not enrolling as a resident - list name of home school district _____

Previous School: _____
Name City/State Phone/Fax Number

List any medical conditions - IEP - Yes No _____

Parent/Guardian Signature and Relationship to Student _____ Date _____

OFFICE USE ONLY

Student ID# _____ Teacher _____