

# Manchester Memorial Elementary School

John J. Willis  
Principal



43 Lincoln Street  
Manchester-by-the-Sea, MA 01944

Maria Schmidt  
Administrative Assistant

Tel: 978.526.1908  
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Web: [www.mersd.org](http://www.mersd.org)

January 2024

Dear Parents/Guardians of Incoming Kindergarten Students:

MERSD is pleased to announce the following information for Kindergarten registration:

**Kindergarten Registration:** Week of February 5 - 9 2024      7:30 A.M. – 3:30 P.M.      Memorial School Office

Parents are asked to submit registration materials during this time period via email (excluding birth certificate) to Maria Schmidt at [schmidt@mersd.org](mailto:schmidt@mersd.org) or to arrange for in-person registration by contacting the Memorial office. All birth certificates must be brought to the school office for photocopying.

- **STEP ONE: Proof of Residency.** Before registering your child for kindergarten, it is **required** that you verify your residency in Manchester. **Families with older siblings currently enrolled at MMES, must also complete this process and should contact the district office to determine what is needed.**
  - Proof of Residency information can be found on the District web site at [www.mersd.org](http://www.mersd.org) under “About Us.”
  - Please scan documentation to Amy LeJeune [lejeunea@mersd.org](mailto:lejeunea@mersd.org) in the MERSD district office (978-526-4919 for questions). Once your documentation has been verified you will receive notification from the district office confirming your child’s residency. The MMES (Memorial) office will also receive a copy of your verification.
- **STEP TWO: Registration.** After verifying residency, submit the following to Memorial the week of February 5, 2024.
  - Original **Birth Certificate** (Must be verified in person and photocopied by school staff)
  - Updated health record which includes a current (within one year, 4 or 5 year-old) **Physical Exam** and
  - **Immunization Record** (questions please call Joanne Seaman at 978-526-1909 or [seamanj@mersd.org](mailto:seamanj@mersd.org))
  - Current **Photograph** (for student file)
  - Completed **Registration Packet:** Registration Form, Home Language Survey, Developmental History, Preschool Observation, and Request for Records (all enclosed).

**Parent/Guardian Orientation:** An adult orientation introducing parents/guardians to district and school staff and programs.  
Wednesday, **May 1, 2024** 3:00 - 4:00 pm

**Kindergarten Screening Dates:** Entering kindergarten students will meet with Memorial staff independently while their parent/guardian completes a questionnaire: Monday, June 10 and Tuesday, June 11, 2024, by assigned appointments sent via email.

**Kindergarten Open House:** Entering kindergarten students and their parents/guardians are invited to explore the classroom and enjoy our kindergarten playground: **Tuesday, Aug 27, 2024** 2:00 - 3:00 pm

If we can be of further assistance to you please do not hesitate to call the school office at (978) 526-1908 or email Maria Schmidt at [schmidt@mersd.org](mailto:schmidt@mersd.org).

Sincerely,

John J. Willis  
Principal

# MANCHESTER ESSEX REGIONAL SCHOOL DISTRICT

## Residency Verification Documentation Requirements

### All Documents Must Show A Current Essex or Manchester Address

#### **Required Identification**

Valid Massachusetts driver's license Or Valid Massachusetts photo ID card with an Essex or Manchester address (temporary stickers are not acceptable)

#### **Category A**

- Deed, Mortgage Payment dated within the past 60 days, or Property Tax Bill dated within the last year;
- A current Lease, Section 8 Agreement, or Landlord Affidavit;

#### **Category B - Two documents from the list below:**

A utility bill (or work order) dated within the past 60 days for two of the following:

- Gas bill
- Oil bill
- Electric bill
- Home telephone bill (no cell phone bills)
- Cable bill

#### **Category C - Two documents from the list below with address:**

- Current vehicle registration
- Valid passport
- A W2 form dated within the year or a Payroll Stub dated within the past 60 days;
- A Bank or Credit Card Statement dated within the past 60 days;
- A Letter from an Approved Government Agency\* dated within the past 60 days;

**\*Approved government agencies:** Departments of Revenue (DOR), Children and Family Services (DCF), Transitional Assistance (DTA), Youth Services (DYS), Social Security, any communications on Commonwealth of Massachusetts Letterhead.

#### **Category D – For all situations that apply noted documentation is required:**

- ❖ If a student resides with a legal guardian:

Court verification of guardianship

- ❖ If a student will be residing with an individual who is not a parent or legal guardian:

A caregiver authorization affidavit completed by parent or legal guardian

- ❖ If parents are divorced and the student resides with both parents:

A copy of a custody agreement verifying that the parent residing in Manchester-Essex has shared or full physical custody. The agreement must specify that the child resides with the Manchester or Essex parent a minimum of four school nights per week.



Entry date: \_\_\_\_\_  
LASID# \_\_\_\_\_  
YOG

MERSD ELEMENTARY SCHOOL  
REGISTRATION FORM

Entering Grade ☐ Teacher \_\_\_\_\_

Student Legal Name (please print clearly):

First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Full Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: ☐ Male ☐ Female

City/Town of Birth \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Primary Residence of Child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Language Spoken in Home: \_\_\_\_\_

Race, select all that apply: ☐ African American ☐ Asian  
☐ Caucasian ☐ Native American ☐ Pacific Islander

Other \_\_\_\_\_

Ethnicity: ☐ Hispanic or Latino

Parent/Guardian Information: (If divorced or separated please indicate custodial parent)

Name Parent/Guardian 1: \_\_\_\_\_ Custodial ☐ yes ☐ no

Place of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of employment \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name Parent/Guardian 2: \_\_\_\_\_ Custodial ☐ yes ☐ no

Place of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of employment \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Previous Address:

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

Last School Attended:

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Birth Certificate Information (To be completed by MERSD staff):

Person checking Birth Certificate must record from the certificate:

Child's name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Person checking birth certificate and registration form: \_\_\_\_\_

Signature

## Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information	
First Name _____	Middle Name _____
Last Name _____	Gender F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____
Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____	
School Information	
Start Date in New School (mm/dd/yyyy) _____	Name of Former School and Town _____
Current Grade _____	
Questions for Parents/Guardians	
What is the primary language used in the home, regardless of the language spoken by the student? _____	Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
What language did your child first understand and speak? _____	Which language do you use most with your child? _____
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>
Parent/Guardian Signature: _____ X	Today's Date: _____ / ____ / 20____ (mm/dd/yyyy)

**Manchester Essex Regional School District  
DEVELOPMENTAL HISTORY FORM**

**STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Preferred Name \_\_\_\_\_

**PARENT INFORMATION**

Parent/Guardian 1 Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Does this child reside with this parent/guardian? \_\_Yes | \_\_No

Parent/Guardian 2 Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Does this child reside with this parent/guardian? \_\_Yes | \_\_No

If parents/guardians are separated or divorced, who has custody:

Legal \_\_\_\_\_

Physical \_\_\_\_\_

*If there is shared physical custody or visitation with a non-custodial parent, please describe below:*

\_\_\_\_\_

\_\_\_\_\_

## **FAMILY HISTORY**

Please check whether any of these are relevant to your child's history

\_\_\_ Adoption: Comments \_\_\_\_\_

\_\_\_ Foster Placement: Comments: \_\_\_\_\_

\_\_\_ Parent-Child Separation: Comments: \_\_\_\_\_

\_\_\_ Other: Comments \_\_\_\_\_

\_\_\_ History of emotional or learning problems in family history (parents, aunts/uncles, grandparents, etc.)

Additional Comments Regarding Any of the Above

## **SIBLING INFORMATION**

Name \_\_\_\_\_ Gender \_\_\_ Age \_\_\_ Lives in home \_\_\_ Yes \_\_\_ No

Name \_\_\_\_\_ Gender \_\_\_ Age \_\_\_ Lives in home \_\_\_ Yes \_\_\_ No

Name \_\_\_\_\_ Gender \_\_\_ Age \_\_\_ Lives in home \_\_\_ Yes \_\_\_ No

Name \_\_\_\_\_ Gender \_\_\_ Age \_\_\_ Lives in home \_\_\_ Yes \_\_\_ No

Has an older sibling demonstrated difficulty in school? \_Yes\_ No. If yes, please describe.



## PRENATAL AND BIRTH HISTORY

Duration of pregnancy \_\_\_\_\_ Without complications \_\_\_ With complications \_\_\_

If with complications, please describe below:

Delivery: Without complications \_\_\_ With complications \_\_\_ (e.g. emergency delivery)

If with complications, please describe below:

Child's birth weight \_\_\_\_\_ Was special care needed? \_\_\_ Yes | \_\_\_ No

If yes, please describe below (type and duration):

**DEVELOPMENTAL MILESTONES:** At what age did your child first:

Sit with support \_\_\_ Sit without support \_\_\_ Crawl \_\_\_ If your child did not crawl, please describe

Walk \_\_\_\_\_ Use single words \_\_\_\_\_ Speak in simple sentences \_\_\_\_\_

Is your child toilet trained for daytime? \_\_\_ Yes | \_\_\_ No

Is your child toilet trained for nighttime? \_\_\_ Yes | \_\_\_ No

If your child is toilet trained for daytime, does he/she know how to independently manage this?

\_\_\_ Yes | \_\_\_ Partially | \_\_\_ No

If no or partially, please describe what they can do and cannot do:

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## MEDICAL HISTORY

Has your child been diagnosed with a disability? \_\_\_ Yes \_\_\_ No

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Does your child have a chronic medical condition? \_\_\_ No \_\_\_ Yes If yes, please list/describe (e.g. Asthma, Stomachaches, Chronic Constipation, Headaches, Seizures, Recurrent Ear Infections). If yes, please describe age of onset, current status and treatment (if applicable).

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Is your child prescribed any medication on a regular basis? ☐ No | ☐ Yes

If yes, please describe \_\_\_\_\_

Does your child have any allergies? ☐ No | ☐ Yes

If yes, please describe \_\_\_\_\_

Please describe your child's general temperament \_\_\_\_\_

\_\_\_\_\_

Describe your child's eating habits \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate whether you have any of the following concerns about your child:

- ☐ Overly active
- ☐ Very short attention span
- ☐ Extreme shyness
- ☐ Significant separation anxiety
- ☐ Difficulties holding and using pencils or utensils
- ☐ Difficulties with ☐ riding a tricycle ☐ running ☐ catching
- ☐ Hearing difficulties
- ☐ Vision Difficulties
- ☐ Tantrums
- ☐ Fears, worries
- ☐ Sleep difficulties
- ☐ Chewing or swallowing difficulties
- ☐ Speech

If you checked any of the items above, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATIONAL HISTORY

Does or has your child attended a preschool program? ☐ Yes | ☐ No

If yes, name of preschool \_\_\_\_\_

Dates Attended \_\_\_\_\_ Hours Per Day \_\_\_\_\_ Days Per Week \_\_\_\_\_



Please check if your child receives any of the following services ☐ Early Intervention | ☐ Speech | ☐ Occupational Therapy | ☐ Physical Therapy | ☐ Counseling | ☐ ABA Services

Has your child ever received a Neurodevelopmental, Occupational, Physical Therapy, Speech/Language or Neurological Evaluation? If yes, please comment below, including outcomes/findings \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **SOCIAL DEVELOPMENT**

Please indicate your child's preferences regarding play and social interaction (Check all that apply).

☐ Solitary Play ☐ In Groups ☐ With Older Children  
☐ With Younger Children ☐ Own Age Group No Preferences

Describe the child's relationships with his/her  
Parents:

Siblings:

Other Family Members:

Does your child relate easily to non-family children and adults? ☐ Yes | ☐ No

If no, please describe:

Do you have any concerns about, or comments regarding your child that are not listed in the above questions? ☐ Yes | ☐ No

If yes, please describe:

**MANCHESTER ESSEX REGIONAL SCHOOL DISTRICT**  
**PRESCHOOL OBSERVATIONS**

School Attending for Kindergarten: Manchester Memorial Elementary

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Preschool: \_\_\_\_\_

Phone number of Preschool: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

*When completing this form, please keep in mind developmental levels and make a comparison between this student's behaviors as compared to others of the same age in regard to those tasks which are required in your program on a daily basis. The areas covered by this form are those listed in the regulations required for Kindergarten Screening in Massachusetts.*

**Please comment of the following skills exhibited by this student:**

1. Communication and Language: \_\_\_\_\_

\_\_\_\_\_

2. Articulation: \_\_\_\_\_

\_\_\_\_\_

3. Gross motor coordination: \_\_\_\_\_

\_\_\_\_\_

4. Fine motor coordination: \_\_\_\_\_

\_\_\_\_\_

5. Memory skills: \_\_\_\_\_

\_\_\_\_\_

6. Attention capacity and listening skills: \_\_\_\_\_

\_\_\_\_\_

7. Activity level and Patterns: \_\_\_\_\_

\_\_\_\_\_

8. Social relations with groups, peers and adults: \_\_\_\_\_

\_\_\_\_\_

9. Behavioral adjustment: \_\_\_\_\_

\_\_\_\_\_

10. Knowledge of sounds and letters: \_\_\_\_\_

\_\_\_\_\_

11. Counting skills: \_\_\_\_\_

\_\_\_\_\_

12. Please describe this student's learning style: \_\_\_\_\_

\_\_\_\_\_

13. Is there any other information which would be helpful in making sure that this student will be comfortable in the kindergarten environment: Please consider:

Response to change and transition: \_\_\_\_\_

Approach to tasks: \_\_\_\_\_

Need for reinforcement: \_\_\_\_\_

Need for structure or clarity: \_\_\_\_\_

Strengths & special interests: \_\_\_\_\_

Other significant concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return completed form to student's anticipated elementary school:

Maria Schmidt  
Memorial Elementary  
43 Lincoln Street, Manchester, Ma 01944  
978 526-1219 [schmidt@mersd.org](mailto:schmidt@mersd.org)

Maggie Safrine  
Essex Elementary  
12 Story Street, Essex, Ma 01929  
978 768-7324 [safrinem@mersd.org](mailto:safrinem@mersd.org)



# *Manchester Memorial Elementary School*

John J. Willis  
*Principal*

Maria Schmidt  
*Administrative Assistant*



43 Lincoln Street  
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## **Kindergarten Requirements:**

Before your child may enter school at the end of August, your child's physician must complete the following requirements:

1. A current physical exam (not older than one year) a.k.a "school/camp form"
2. Proof of the following immunizations:
  - 5 doses of DPT (diphtheria, tetanus, and pertussis)
  - 4 doses of polio
  - 2 doses of MMR (measles, mumps and rubella)
  - 3 doses of hepatitis B
  - 2 dose of Varicella or proof of immunity
3. A copy of a lead level test result (any result date is fine)
4. Certification that your child has passed both acuity (ability to see objects far away) and stereopsis (how well two eyes work together) screenings is required. There is a section on the Massachusetts School Health Record (physical form) where results are recorded.

***Please return a copy of your child's 5-year-old physical form and immunization record no later than August, 2024.***

Thank you for your cooperation,  
Joanne

Joanne Seaman, RN  
978-526-1909  
[seamanj@mersd.org](mailto:seamanj@mersd.org)

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January 2024

If your child will **not** be attending kindergarten at Manchester Memorial Elementary School please complete this form and return it to:

Maria Schmidt  
Manchester Memorial Elementary School  
43 Lincoln Street  
Manchester, MA 01944

This information may also be submitted via email or fax by providing the information below to:

Maria Schmidt  
[schmidttn@mersd.org](mailto:schmidttn@mersd.org)  
fax: 978-526-2060  
phone: 978-526-1908

Thank you,

Maria Schmidt  
Administrative Assistant

Child's name: \_\_\_\_\_

☐ Will not be attending MMES for the 2024-2025 school year.

☐ Will be attending: \_\_\_\_\_  
Name of School

☐ Will be homeschooled

☐ Other: \_\_\_\_\_  
Please indicate other option