January 2025

Dear Parents/Guardians of Incoming Kindergarten Students:

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

Kindergarten Registration: Week of February 10-14

Parents/Guardians are asked to return all kindergarten registration materials during this time via email to Maggie Safrine safrinem@mersd.org . Contact Maggie if you need to arrange for an in-person registration.

- **STEP ONE**: **Proof of Residency**. Before registering your child for kindergarten, it is **required** that you verify your residency. **Families with older siblings currently enrolled at MERSD, must also complete this process and should contact the district office to determine what is needed.**
- *Students currently enrolled in MERSD Preschool program DO NOT need to complete the residency process but will need to complete the registration process.*

    - Proof of Residency information is enclosed and can also be found on the district web site at www.mersd.org under "About Us."
    - Please **scan** documentation to Amy Lejeune lejeunea@mersd.org in the MERSD central office (978-526-4919 for questions). Once your documentation has been verified you will receive notification from central office confirming your child's residency. The EES (Essex Elementary) office will also receive a copy of your verification.

- **STEP TWO**: **Registration**. After verifying residency, please submit the following items for registration the week of February 10th
    - Original **Birth Certificate** (to be photocopied by school staff, the original will be returned to you)
    - Updated health, and immunization records (more details can be found in the registration packet) Contact our school nurse with any questions. Nicole Grasso Correnti grasso-correntin@mersd.org
    - Current **Photograph** of incoming Kindergartener
    - Completed **Registration Packet**: Registration Form, Home Language Survey, Medical forms, Developmental History, Preschool Observation (if applicable).

Kindergarten Orientation for Parents/Guardians: May 14th 4:00 PM

Kindergarten Screening Dates: June 13th & June 16th

If we can be of further assistance to you, please do not hesitate to call the school office at (978) 768-7324 or email Maggie Safrine safrinem@mersd.org

Sincerely,

Kim Provost
Principal

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: _____
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:
Name Parent/Guardian 1:_____Custodial yes no
Place of birth: _____
Home phone _____Cell phone:_____ Work:_____
Email:_____

Name Parent/Guardian 2: _____Custodial yes no
Place of birth: _____
Home phone _____Cell phone:_____ Work:_____
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 _____ F ☐ M ☐ Gender

Country of Birth _____ Date of Birth (mm/dd/yyyy) ___/___/___ Date first enrolled in ANY U.S. school (mm/dd/yyyy) ___/___/___

School Information

___/___/20___ 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 -*grandparents, uncles, aunts,etc.* - 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 ☐ N ☐	Will you require an interpreter/translator at Parent-Teacher meetings? Y ☐ N ☐
Parent/Guardian Signature: X	___/___/20___ Today's Date: (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_____

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
_____

Other children in household:

Name_____ Age____

Name_____ Age ____

Name_____ Age_____

Name_____ Age_____

PRENATAL AND BIRTH HISTORY

Were there any difficulties with the pregnancy or birth of this child? Is so, what?

Was this a premature birth? If so how many weeks/months premature?

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:
_____

Has your child been diagnosed with a disability? __ Yes __ No

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/Guardian

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 i

In the above questions? __ Yes | __ No
If yes, please describe:

Please give this form to your child's preschool

MANCHESTER ESSEX REGIONAL SCHOOL DISTRICT PRESCHOOL OBSERVATIONS

School Attending for Kindergarten: Essex Elementary School

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:

Essex Elementary School
12 Story ST
Essex, MA 01929
Attention: Maggie Safrine

January 2025

Dear parents/guardian of students entering Kindergarten,

Welcome to Essex Elementary School! To be fully prepared for school entry for the coming school year, please submit the required documents by Friday, August 15th. If your child has a physical or any required vaccines after that date, kindly send in the updated forms after the well visit.

Please take the time to review your child's immunization record with your pediatrician. Please submit a copy of your child's record to the Health Office along with a current physical exam including a vision screening. The Massachusetts Department of Public Health requires the following immunizations for all students entering kindergarten.

- 5 doses of DTaP vaccine
- 4 doses of Polio vaccine
- 3 doses of Hepatitis B
- 2 doses of MMR
- 2 doses of Varicella vaccine

More information can be found here:
https://www.mass.gov/info-details/school-immunizations

Please contact me with questions or concerns.

Thank You,

Nicole Grasso-Correnti RN
Essex School Nurse

MANCHESTER ESSEX REGIONAL SCHOOL DISTRICT
HEALTH SERVICES
ESSEX ELEMENTARY SCHOOL
978-768-7324

YEARLY HEALTH UPDATE

Name: _____ Grade _____
Last First Middle

PLEASE CIRCLE **YES** OR **NO** AND PROVIDE PERTINENT ADDITIONAL INFORMATION

ALLERGIES: PLEASE CIRCLE ALL THAT APPLY

BEE/INSECT STINGS	_____	EpiPen	Y	N
PEANUTS/NUTS	_____	EpiPen	Y	N
OTHER FOOD	_____	EpiPen	Y	N
SEASONAL	_____	EpiPen	Y	N
OTHER	_____	EpiPen	Y	N

HEALTH CONDITIONS: PLEASE CIRCLE ALL THAT APPLY

ASTHMA	_____	Y	N
SEIZURES	_____	Y	N
DIABETES	_____	Y	N
OTHER	_____	Y	N

MEDICATIONS:

Daily medications at home: _____

Daily medications to be taken at school: _____

Please provide us with any other information you think will be helpful to us regarding your child: _____

_____

Health Insurance: YE S NO Policy Name/Number _____

I give permission to the school nurse to share information relevant to my child's health as he/she determines appropriate for my son's/daughter's health and safety. Y N

Parent/Legal Guardian _____ Date _____

MANCHESTER ESSEX REGIONAL SCHOOL DISTRICT
HEALTH SERVICES
ESSEX ELEMENTARY SCHOOL
978-768-7324

PERMISSION FORM FOR OVER THE COUNTER MEDS 2025-2026

State regulations allow the school nurse to dispense some over-the-counter medications with a standing order from the school physician, Dr. Suzanne Graves. The school has standing orders for the following medications:

Acetaminophen: an aspirin-free pain reliever (brand name, such as Tylenol) for headaches, pain and fever.

Ibuprofen: a non-steroidal anti-inflammatory medication (brand name such as Advil, Motrin) for musculoskeletal pain, menstrual cramps, headaches, high fever, and pain from braces or dental work.

Diphenhydramine Hydrochloride: an antihistamine (brand name Benadryl) to prevent or treat allergic reactions.

Calamine/Caladryl lotion: itchy rashes such as poison ivy, poison oak

Calcium Carbonate (Tums): upset stomach or indigestion without fever or vomiting

Antibacterial ointment: (Neosporin, Bacitracin) for minor lacerations

Guaifenesin: (generic Robitussin) for coughs

Hand Sanitizer: hand sanitizers with at least 60% ethanol (also referred to as ethyl alcohol) or at least 70% isopropanol

Please note that any other over-the-counter medications such as cough medicine, eye drops etc. require a physician's order. If you would like the school nurse to dispense these medications to your child, please sign the consent form.

Please place your initials by the medication indicated:

_____ Tylenol (acetaminophen)
_____ Benadryl (diphenhydramine hydrochloride)
_____ Tums (Calcium Carbonate)
_____ Guaifenesin
_____ Antibacterial Ointment
_____ Hand Sanitizer
_____ Advil/Motrin (Ibuprofen
_____ Calamine/Caladryl Lotion

Student's Name _____Grade _____

Parent/Legal Guardian _____Date _____