

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
Fax: 978.526.2060
Web: www.mersd.org

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, 2025 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 schmidtm@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. Students currently enrolled in the Memorial Prekindergarten program do not need to complete residency again.**
 - Proof of Residency information can 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 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 10, 2025.
 - 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**
 - **Immunization Record** (questions please call Jaclyn Morrissey at 978-526-1909 or morrisseyj@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 7, 2025, 3:00 - 4:00 pm

Kindergarten Screening Dates: Entering kindergarten students will meet with Memorial staff independently while their parent/guardian completes a questionnaire: Friday, June 13 and Monday, June 16, 2025, by assigned appointment 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, August 26, 2025, 2:00 - 3:00 pm, pending district approval of 2025-2026 school calendar.

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 schmidtm@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: _____

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: (Please indicate custodial parent(s) and attach current custody agreement) Custody Agreement Attached

Name Parent/Guardian 1: _____ Custodial yes no

Place of birth: _____

Home phone _____ Cell phone: _____

Occupation: _____ Place of employment _____

Email: _____

Name Parent/Guardian 2: _____ Custodial yes no

Place of birth: _____

Home phone _____ Cell phone: _____

Occupation: _____ Place of employment _____

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

MANCHESTER MEMORIAL SCHOOL

43 Lincoln Street

Manchester, MA 01944

PHONE: 978-526-1908

FAX: 978-526-2060

www.mersd.org

REQUEST FOR RECORDS

Date _____

This is a request for _____
(School Name)

(Street # & Name) (City/State/Zip)
Phone _____ Office Contact Email _____

to release the school records of: _____
(Student's Name)

Date of Birth: _____

to:

Manchester Essex Regional School District
Manchester Memorial Elementary School
43 Lincoln Street
Manchester, MA 01944

Please include the following school records *if applicable*:

- **TRANSCRIPT** and/or report cards
- **TEMPORARY RECORD:** standardized test results
- **MCAS SCORES**
- **MEDICAL RECORDS:** should include all immunizations and current physical examination information
- **MASSACHUSETTS TRANSFER CARD**
- **IEP/504 EDUCATIONAL PLAN AND SUPPORTING DOCUMENTS:** specialist's reports, standardized tests, quarterly reports, annual review forms, home visit assessment form, and developmental history including any psychological assessments.

Student's Former Address: _____

Student's New Address: _____

Parent Name: _____

Parent Signature: _____

Maria Schmidt

Maria Schmidt, Administrative Assistant
schmidtm@mersd.org

**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:

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).

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:

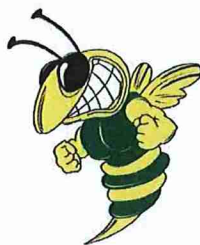
Maria Schmidt
Memorial Elementary
43 Lincoln Street, Manchester, Ma 01944
978 526-1219 schidtm@mersd.org

Maggie Safrine
Essex Elementary
12 Story Street, Essex, Ma 01929
978 768-7324 safrinem@mersd.org

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January 2025

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
schidtm@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 2025-2026 school year.

Will be attending: _____
Name of School

Will be homeschooled

Other: _____
Please indicate other option

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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 2025.

Thank you for your cooperation,

Nurse Morrissey

Jaclyn Morrissey, RN
978-526-1909
morrisseyj@mersd.org