



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 5th

Parents/Guardians are asked to return all kindergarten registration materials during this time period 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.**
 - 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 5th
 - 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 8th 4:00 PM

Kindergarten Screening Dates: June 10 & 11 (You will receive more information on scheduling your child's screening date & time) .

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,

Sheila McAdams
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.

MANCHESTER ESSEX REGIONAL SCHOOL DISTRICT
ENROLLMENT APPLICATION



Entering Grade _____

Teacher _____
To be completed by District personnel

Birth Certificate Verified: ☐

Initials of School Personnel: _____
To be completed by District personnel

Entry Date _____

Year of Graduation _____
To be completed by District personnel

Student Name: _____
Last: _____ First: _____ Middle: _____

Gender: _____ **Date of Birth:** _____ **Place of Birth:** _____

Current Address: _____

Parent/Guardian Name: _____

Primary Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

Child Resides with:

- ☐ Mother(s)
☐ Father(s)
☐ Both
☐ Other _____

Primary Language Spoken at Home: _____

Other Languages Spoken at home: _____

Non-Custodial Parent/Guardian Name: _____

Address: _____

Primary Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

Sibling: _____ **Date of Birth:** _____ **Grade:** _____

Sibling: _____ **Date of Birth:** _____ **Grade:** _____

Sibling: _____ **Date of Birth:** _____ **Grade:** _____

(over)

MANCHESTER ESSEX REGIONAL SCHOOL DISTRICT
ENROLLMENT APPLICATION



☐ Other Homes or Residential Properties/Part-Time Residences:

Address: _____

Address: _____

Previous Address: _____

Last School Attended: _____ Grade: _____

Address & Phone

Indicate which services, if any, your child is receiving or has received:

Special Education: ☐ Section 504: ☐ ELL: ☐

Other (Please specify): _____

Has your child ever been expelled from School Yes: ☐ No: ☐

***Please indicate any other information regarding your child that might be helpful to the school:*

Signature of Parent/Guardian

Date

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 _____	Gender <input type="checkbox"/> F <input type="checkbox"/> M
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 -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 <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_____

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 2024

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 16th. 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.

- 3 doses of Hepatitis B
- 5 doses of DTaP vaccine
- 4 doses of Polio vaccine
- 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 2024-2025

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: YES 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 2024-2025

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

Student's Name _____ Grade _____

Parent/Legal Guardian _____ Date _____