Marblehead Public Schools

2026-2027 Preschool Application Packet

9 Widger Rd

Marblehead, MA 01945

781-639-3140

Welcome!

Welcome to Marblehead Public Schools! New student registrations are conducted through the Superintendent's Office. Please take a moment to read through the information provided in this packet. **All forms provided in this packet must be completed and all required documents must be submitted to the Superintendent's Office before a student will be fully enrolled to attend school.**

On the next page, you will find a checklist providing a list of the information needed to complete registration for your student. Should you have any questions, please contact the Superintendent's Office at 781-639-3140 or through prek@marbleheadschools.org.

School assignments are based on location, class size and student programming. Please find below the School Contact Information for Marblehead Public Schools:

School	Grade	Telephone	Principal
Brown Elementary School	Preschool – Grade 3	781-639-3112	Mary Maxfield
Glover Elementary School	Preschool – Grade 3	781-639-3190	Frank Kowalski
Village Elementary School	Grade 4 – Grade 6	781-639-3159	Scott Williams
Veterans Middle School	Grade 7- Grade 8	781-639-3120	Matt Fox
Marblehead High School	Grades 9-12	781-639-3100	Michele Carlson

Registration Checklist

Please provide the following information to complete the registration packet and finalize enrollment for your student.

Please complete the following forms found in this packet:

☐ Student Information Form
Please note there are multiple sections and pages:
Page 1: Student Information
Page 2: Parent/Caregiver Information
Page 3: Emergency Contact Information, Parental Military Status, Sibling Information
Page 4: Student Race/Ethnicity, Previous School Information

☐ Home Language Survey

☐ Medical History

Please submit the following **required** documents with the above registration forms.
Student Information:

☐ Student's Birth certificate

☐ Student's most recent physical exam (within one year)

☐ Student's Immunization Records

☐ Custody Agreement (if applicable)

☐ Copy of Individualized Education Plan (IEP) or accommodation plan (if applicable)

Proof of Residency Statement (one of the following is required):

☐ Residency Statement

☐ Affidavit of Residency by Third Party (*complete only if the home you are living in is owned of leased by a third party*)

Proof of Residency (one of the following is required):

☐ Recent mortgage statement (within the last 60 days)

☐ Lease or rental agreement (most recent)

☐ HUD lease or other public housing lease (Section 8)

☐ HUD settlement statement (closing statement)

Proof of Occupancy (one of the following is required and must be dated within the past 30 days with Parent/Caregivers name):

- ☐ Cable/Satellite TV bill
- ☐ Electric Bill
- ☐ Gas Bill
- ☐ Water Bill
- ☐ Home/Renter Insurance
- ☐ Excise Tax Bill

Parent/Caregiver Identification (one of the following is required):

- ☐ Valid Driver's License
- ☐ Valid Passport
- ☐ Valid Government-Issued Photo ID

Release of Information:

- ☐ Fill out if previously attended school to release information to Marblehead Public Schools (if applicable)

Office Use Only
Date Received: _____
PreK Enrollment

Student Information Form

Please complete all of the following information

Student Information:

First Legal Name:	
Last Legal Name:	
Full Middle Name:	
Gender: ☐ Male ☐ Female ☐ Non-Binary	
Date of Birth (mm/dd/yy):	Grade Entering (*Please Bold*): PreK 3 OR PreK 4 Year Old
City, State, and Country of Birth:	
Home Address:	City/State/Zip Code:
Primary Phone Number:	

Parent/Caregiver Information:

Student Lives With: ☐ Both Parents ☐ Mother ☐ Father ☐ Legal Guardian ☐ State Ward ☐ Foster Home ☐ Other Is a custodial agreement in place? ☐ Yes ☐ No *A copy of the custodial agreement must be provided at the time of registration.*
Please provide contact information in the following order: Primary, Secondary, Emergency Contact.
Primary Contact (first point of contact in case of an emergency)
First Name:
Last Name:
Email:
Primary Phone:
Secondary Phone:
Address:
City/State/Zip:
Relationship to student:
Secondary Contact (if the primary contact is unavailable)
First Name:
Last Name:
Email:
Primary Phone:
Secondary Phone:
Address:
City/State/Zip:
Relationship to student:

Emergency Contact Information (*Must be someone other than Parent/Caregiver – to be contacted if those listed above cannot be reached*).
First Name:
Last Name:
Email:
Primary Phone:
Secondary Phone:
Address:
City/State/Zip:
Relationship to student:
Parental Military Status: Is a parent or caregiver in the student's household: ☐ Yes ☐ No If yes, please provide the status:

Sibling Information (*Please list all siblings living at the same address as the student*):

Name	Date of Birth	Current School	Grade

Student Race/Ethnicity: Every school district in Massachusetts is required to report to the Department of Elementary and Secondary Education student data by race and ethnicity categories that are set by the federal government.

Student Race – Please check one of the following: ☐ Not Hispanic of Latino ☐ Hispanic or Latino
Student Ethnicity – Please check one or more of the following: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White
Migrant: ☐ Yes ☐ No Immigrant: ☐ Yes ☐ No

Previous School Information:

Is this the students first time enrolled in a Massachusetts School? ☐ Yes ☐ No
If not, please complete the following information. Name of most recent school:
Address:
City/State/Zip:
Telephone:
Grade at the time of attending:
Does the student currently receive services for an Individualized Education Plan (IEP)? ☐ Yes ☐ No
Does the student receive services on a 504 Plan? ☐Yes ☐ No

Please note, Marblehead Public Schools complies with the McKinney-Vento Homeless Assistance Act, the Foster Care Provisions of Title 1, Part A of Every Student Succeeds Act, and the Military connect student provisions of Title 1, Part A of Every Student Succeeds Act and the Massachusetts VALOR Act of 2012.

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
Country of Birth	Date of Birth (mm/dd/yy)	Date first enrolled in ANY U.S. School (mm/dd/yy)

School Information

Start Date in New School (mm/dd/yy)	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 do you use most with your child?	Which language(s) are spoken with your child and how often? (include relatives – grandparents, uncles, aunts, etc. – and caregivers) ☐ Always ☐ Seldom ☐ Sometimes ☐ Often

Will you require an interpreter/translator at Parent-Teacher meetings? ☐ Yes ☐ No
If yes, what language?
Parent/Guardian Email:
Parent/Guardian Primary Phone:
Parent/Guardian signature:
Parent/Guardian printed:
Today's Date (mm/dd/yy):

Marblehead Public Schools

9 Widger Road
Marblehead, Massachusetts 01945
Phone: (781) 639-3140

John Robidoux
Interim Superintendent of Schools

Julia Ferreira
Asst. Superintendent of Teaching & Learning

LisaMarie Ippolito
Asst. Superintendent of Student Services

Michael Pfifferling
Asst. Superintendent of Finance & Operations

Medical Requirements for School Admission to Preschool.

Medical Examination: It is required that all children have a complete physical examination by their health care provider prior to school admission.

Immunizations: The Massachusetts Department of Public Health in collaboration with the Department of Education has determined that these are the required immunizations for school entry.

Please make sure to provide physician documentation of the following immunizations and test:

Hib	**1-4 doses;** the number of doses is determined by vaccine product and age the series begins
DTaP	**4 doses**
Polio	**3 doses**
Hepatitis B	**3 doses;** laboratory evidence of immunity acceptable
MMR	**1 dose;** must be given on or after the 1st birthday; laboratory evidence of immunity
Varicella	**1 dose;** must be given on or after the 1st birthday; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Definition of Allowable Exemptions:

There are two situations in which children who are not appropriately immunized may be admitted to school:

1) A **medical exemption** is allowed if a physician submits documentation attesting that an immunization is medically contraindicated; and

2) A **religious exemption** is allowed if a parent or guardian submits a written statement that immunizations conflict with their sincere religious beliefs.

The law states that medical and religious exemptions must be presented at the beginning of each school year.

The Marblehead Public Schools do not discriminate on the basis of race, color, sex, religion, national origin, sexual orientation, age or disability.

Medical History

Dear Parent/Guardian,

Please complete this questionnaire to the best of your ability and return it to the school nurse. This information is for the confidential school medical record kept for each child and is of great help to the school nurse in understanding and helping to safeguard your child's health.

HEALTH HISTORY

Student's Name		Gender	
Street Address		Place of Birth	
City, State, Zip		Date of Birth	

Parent/Guardian #1 Name		Cell Phone #	
Email Address		Place of Birth	

Parent/Guardian #2 Name		Cell Phone #	
Email Address		Place of Birth	

Sibling	
Sibling	
Sibling	
Sibling	
Sibling	
Sibling	

Name of student's doctor (or clinic)	
Name of student's dentist	

MEDICAL HISTORY: Has your child ever had any of the following conditions?
(Answer Yes or No. If the answer is Yes, give a brief explanation wherever indicated.)

		Indicate Yes or No	Age	Brief Explanation
1	Asthma			
2	Allergies:			
	-Food			
	-Latex			
	-Bee stings			
	-Medication			
3	Frequent headaches			
4	Enlarged or Infected tonsils			
5	Heart condition			
6	Gastrointestinal Issue			
7	Frequent urination			

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8	Ear infections			
9	Hearing concern			
10	Vision concern			
	-Wears Glasses?			
11	Concussion			
12	Seizures			
13	Diabetes			
14	Other illnesses or conditions			
15	Hospitalizations			
16	Surgeries			

Does your child take any medication? Indicate Yes or No.	
If so, name of Medication.	
Reason for Medication.	

DEVELOPMENTAL HISTORY

Is there a history of medical concerns during pregnancy, birth or newborn period?

Has your child ever lived apart from parents?		Age?		How long?	
Reason					

Were you ever concerned about any phase of your child's physical, social or behavioral development?	
If so, at which age?	
Please explain below.	

Please list other experiences which might influence your child's social or physical development, such as frequent change of residence, separation or divorce of parents, death in the family or any traumatic events.

In the case of an emergency and a parent/guardian is unable to be reached, your child will be taken to the nearest hospital.

PARENT'S SIGNATURE	
DATE	

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Affidavit of Residency by Third Party

Complete only if the home you are living in is owned or leased by a third party

I/We, under the pains and penalties of perjury state the following:

I/We hereby certify that I am the legal owner and/or lessees of the property at: _____Marblehead, MA 01945.
I/We also certify that _____
and his/her/their child/children _____
are residing with us at our home/apartment in Marblehead, MA.

I/We acknowledge that the above mentioned individuals are residing in our home a minimum of five nights a week.

I/We understand that Marblehead Public Schools has the right to visit our home to conduct periodic checks and to verify the ongoing residency of the above mentioned individuals and his/her/their child/children. It is understood that these periodic checks can occur at any time, including nights and weekends.

I/We further understand that Marblehead Public Schools can and may utilize a variety of means and/or support staff in which to verify an individual's residency e.g. correspondence, telephone calls, home visits by Attendance Officers, home visits by Student Support Services personnel, and the professional services of a private investigator.

I/We understand that Marblehead Public Schools has the right to seek restitution/relief from us, on behalf of the taxpayers of the Town of Marblehead, if we are found to have assisted in perpetrating fraud upon the Town of Marblehead by misrepresenting the residency of the above mentioned individuals and his/her/their children at our home in Marblehead, MA.

I/We understand that the Town of Marblehead can and will take legal action to recover the costs of educating each child listed above (which can range from $15,000 to upwards of $85,000 when all services and transportation are factored in) and up to and including the cost of legal action.

By signing below, I/We acknowledge that I/We have been placed on notice and that I/We have been fully informed regarding the above information and my/our potential liability.

_____ _____

(Signature of Marblehead/Third Party) (Date)

Marblehead Public Schools

_____ _____

(Signature of Parent/Caregiver) (Date)

Please have the below information completed by a Commonwealth of Massachusetts Notary Public.

ESSEX, SS., _____, 2024

On this day _____ of, _____, 20_____, before me, the undersigned notary public personally appeared the above named _____ _____ and proved to me through satisfactory evidence of identification, which was, _____ and who in my presence acknowledged to me that his/her signature was his/her free act and deed.

On this day _____ of, _____, 20_____, before me, the undersigned notary public personally appeared the above named _____ _____ and proved to me through satisfactory evidence of identification, which was, _____ and who in my presence acknowledged to me that his/her signature was his/her free act and deed.

_____ _____

(Notary Public) (Date)

My commission expires: _____

This form needs to be hand delivered to the Central Office of Student Services with the Notary Public 's Seal.

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Residency Statement

I/We, the parent(s)/legal guardian of _____,
hereby certify as follows:

1. I/We certify that I am/we are the parent(s)/legal guardian(s) of the above named student.
2. I/We wish to enroll the above named students in the Marblehead Public Schools. I/We understand that pursuant to Massachusetts law and Marblehead Public Schools policy, students who actually reside in the Town of Marblehead may attend the Marblehead Public Schools. Students who do not actually reside in the Town of Marblehead may not attend the Marblehead Public Schools.
3. I/We hereby certify that effective _____(date), the above-name student is/will be residing at the following address in Marblehead, MA with:

Parent(s)/guardian(s) Name: _____
Street Address: _____
Home Telephone: _____

4. I/We acknowledge that I am/we are required to notify the Marblehead Public Schools, in writing, of any change in the student's address within ten (10) calendar days of such change of address.
5. I/We understand this Residency Statement will be relied upon by the Marblehead Public Schools for the purpose of determining the above student's eligibility to attend the Marblehead Public Schools on the basis of residency. I/We further understand that the Marblehead Public Schools reserves the right to investigate the above named student's residency and to require additional documentation to prove residency.
6. I/We understand that all applicants must reside in the Town of Marblehead pursuant to Massachusetts General Laws, Chapter 76, section 5, which states:

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Every person shall have a right to attend the public schools of the town where he actually resides, subject to the following section. No school committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the school committee. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools. No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, gender identity, religion, national origin or sexual orientation.

Signed under the pains and penalties of perjury on this _____ day of _____ , in the year _____.

Parent/Guardian Signatures:

_____

Parent/Guardian Signatures:

_____

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AUTHORIZATION TO RELEASE STUDENT RECORDS

Parent/Guardian: *Please complete this form electronically and return it to Student Services, 9 Widger Road, Marblehead, MA 01945*

Student's Legal Name: _____

Date of Birth: _____

I authorize: _____

Marblehead Public Schools
(School System)

TO RELEASE Information TO AND/OR TO OBTAIN Information FROM :

Information to be provided will include but not be limited to, a history of educational achievement and progress, standardized as well as other informal test results, psychological and psycho educational tests results, medical diagnoses and information, and family and social history.

I understand that the information released will be treated in a confidential manner and will not be transmitted to a third party. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect.

Signature of Parent/Guardian: **Date**: