

Manchester Memorial Elementary School

John J. Willis
Principal

Maria Schmidt
Administrative Assistant



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

Tel: 978.526.1908
Fax: 978.526.2060
Web: www.mersd.org

January 2026

Dear Parents/Guardians of Incoming Kindergarten Students:

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

Kindergarten Registration: Week of February 9 - 13, 2026 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 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.**
 - o Proof of Residency information can be found on the District web site at www.mersd.org under “About Us.”
 - o 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 9, 2026.
 - o Original **Birth Certificate** (Must be verified in person and photocopied by school staff)
 - o Updated health record which includes a current (within one year, 4 or 5 year-old) **Physical Exam**
 - o **Immunization Record** (questions please call Jaclyn Morrissey at 978-526-1909 or morrisseyj@mersd.org)
 - o Current **Photograph** (for student file)
 - o Completed **Registration Packet:** Registration Form, Home Language Survey, Developmental History, Preschool Observation, and Request for Records (all enclosed).

Parent/Guardian Orientation: Orientation introducing parents/guardians to district and school staff and programs held on:
Wednesday, May 6, 2026, 3:00 - 4:00 pm This is for parents/guardians only

Kindergarten Screening Dates: Entering kindergarten students will meet with Memorial staff independently while their parent/guardian completes a questionnaire: Friday, June 12 and Monday, June 15, 2026, by assigned appointment sent via email. Note: Dates are subject to change.

Kindergarten Open House: Entering kindergarten students and their parents/guardians are invited to explore the classroom and enjoy our kindergarten playground: **Tuesday, September 1, 2026, 2:00 - 3:00 pm**, pending district approval of 2026-2027 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 schmidt@mersd.org.

Sincerely,

John J. Willis
Principal

Manchester-Essex Regional School District
Admissions and Residency Policy

SCHOOL ADMISSIONS

All children of school age who reside in the member communities are entitled to attend the public schools. Certain non-resident children may be admitted under School Committee policies relating to School Choice.

RESIDENCY REQUIREMENTS

Children admitted as residents must actually reside in the town of Manchester or Essex. The residence of a minor child is presumed to be the legal, primary residence of the parent(s) or guardian(s) who have physical custody of the child.

“Residence” is the primary place where a person dwells permanently, not temporarily, and is the place that is the center of his or her domestic, social, and civic life. Home ownership or apartment rentals within the communities are not sufficient to establish residency unless these dwellings satisfy residency requirements for the individual attending the District. **Temporary or part-time residence in Manchester or Essex, solely for the purpose of attending the Manchester-Essex Regional School District, shall not be considered residency.**

In determining residency, Manchester-Essex Regional School District reserves its right to request a variety of documentation and to conduct investigation into where a student actually resides. Because residency can, and does, change for students and their families during the course of the academic year, MERSD may continue to verify residency after the commencement of classes. Also, MERSD may act upon anonymous tips it receives to conduct a residency verification investigation.

INVESTIGATION AND ENFORCEMENT

The School Committee has approved extensive residency investigation and enforcement strategies, including:

- Use of a residency investigator to pursue cases of suspected residency fraud;
- Random residency audits and spot-checks;
- Establishment of a protocol for families, staff, and students to report possible residency violations.

Any family under investigation may be required to present additional proofs of residency beyond those outlined above.

PENALTIES FOR POLICY VIOLATION

Families found to be in violation of the residency policy will face strict penalties, including:

- The child's immediate dismissal from school;
- Per diem fines for the educational and related services accessed as a nonresident, which are based on the number of days the student attended school and the average per pupil cost to the district (PPE 2013 \$14,317); and,
- Possible legal action.

APPEALS

A student aggrieved by a dismissal due to failing to reside in MERSD may appeal this determination through the Superintendent of Schools, whose decision shall be final. The request to appeal must be made within 10 days of the dismissal notice. A student may be allowed to remain in school until the administrative appeal is completed.

LEGAL REFS.: M.G.L. 15:1G; 76:1; 76:5; 76:15; 76:15A

603 CMR 26:01; 26:02; 26:03

CROSS REFS: JLCA, Physical Examination of Students

JLCB, Inoculations of Students

JFBB, School Choice

First Read: 1.21.14

Second Read: 4.1.14

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; <u>*Approved government agencies:</u> 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

Language Survey

Massachusetts is home to speakers of many different languages. This Language Survey helps us learn about your child's English language skills and provide support to your child if necessary to help them learn English. Please answer the questions below. If your response to any of the questions in SECTION 1 is a language other than English, the school district will give your child a test to see if they may benefit from English language support.

If you need help completing this form, please ask for assistance.

Student Name: _____

Grade: _____

Date of Birth (mm/dd/yyyy): _____

Name of Parent/Guardian #1: _____

Name of Parent/Guardian #2: _____

SECTION 1:

These questions will help the school identify students who may need English language supports. If your response to any question 1-3 is a language other than English, your child will be tested on their use and understanding of English to determine if English language supports are needed.

1. Please list the language(s) that parents and/or primary caregivers use to communicate with your child at home.

2. Please list the language(s) that your child currently uses to communicate with others.

3. Please list the language(s) your child first understood and used to communicate.

SECTION 2: Interpretation and Translation Services

This section will let the school know if you, the parents/guardians, need an interpreter or documents translated.

This section is for informational purposes only and is not used to identify if your child needs support to learn English.

4. In what language(s) would your family prefer to receive written communication from the school?

Parent/Guardian # 1: _____

Parent/Guardian # 2: _____

5. Would you prefer for the school to arrange for an interpreter to be available to you free of charge during meetings and phone calls with the school about your child (including American Sign Language or other types of sign language)?

___ Yes ___ No

If yes, in which language(s)? _____

Parent/Guardian # 1: _____

Parent/Guardian # 2: _____

SECTION 3 [Optional]: Prior Education

This section will provide the school with background information about your student and their prior education.

This section is optional and is not used to identify if your child needs support to learn English.

6. Please list the name and location of the last school your child attended.

School Name: _____

City/town: _____ Country: _____

7. How many years has your child attended school in the United States? (beginning with kindergarten)

Please list the date your child first started school in the United States, if known
(mm/yyyy): _____

8. Has your child ever attended school outside of the United States?

_____ Yes _____ No _____ Not sure

If yes, for how many years? _____ In what language(s) did your child learn while attending
school outside of the United States? _____

What is the last grade your child was enrolled in or completed? _____

9. Has your child ever received support to improve their English in United States schools?

_____ Yes _____ No _____ Not sure

10. Is there anything else you think is important for the school to know about your child? (for example, special
interests, talents, or concerns you have about your child's experience in school?)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

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 _____

Does this child reside with this parent/guardian? ☐ Yes ☐ No

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 in the home:

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

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

Manchester Memorial Elementary School

John J. Willis
Principal

Maria Schmidt
Administrative Assistant



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

Tel: 978.526.1908
Fax: 978.526.2060
Web: www.mersd.org

January 2026

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
schmidt@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 2026-2027 school year.

☐ Will be attending: _____
Name of School

☐ Will be homeschooled

☐ Other: _____
Please indicate other option

Manchester Memorial Elementary School

John J. Willis
Principal

Maria Schmidt
Administrative Assistant



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

Tel: 978.526.1908
Fax: 978.526.2060
Web: www.mersd.org

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, 2026.

Thank you for your cooperation,

Nurse Morrissey

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

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)

(Address) (City/State/Zip)
Phone _____ Office Contact _____
Fax _____ Email _____

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

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
Administrative Assistant
schmidt@mersd.org