

REG. NO.....

# SAHODAY PRE- SCHOOL

C-1, S.D.A., NEW DELHI-110016  
(Christian Minority Institution)

## REGISTRATION FORM OF PRE-SCHOOL FOR THE ACDEMIC YEAR 2025-26

Size (5 x 4 cm)  
Paste the  
Photograph of  
the child along  
with parents.

**INSTRUCTIONS:** All the information to be filled in Block Letters.  
Please answer all questions completely and accurately as possible. Wherever applicable Please tick(✓) the required box.  
Incomplete and incorrect information shall lead to automatic disqualification.

1. **Name of the child :** .....
2. **Gender :** Boy  Girl
3. **Date of Birth :** Day ..... Month ..... Year .....
4. **Religion:** Catholic  Christian  Hindu  Sikh  Muslim  Others
5. **Aadhar Card Number of the Student:** .....
6. **Caste :** General / SC / ST / OBC : .....
7. **Mother Tongue :** .....
8. **Father's Name :** .....
9. **Mother's Name :** .....
10. **Residential Address:** .....  
.....
- Mobile No. :** Father ..... Mother .....
11. **Distance from Sahoday School ( in Kms.)** .....
12. **Name of the staff working in School, if any** .....
13. **Sibling (Real Brother/Sister studying in Sahoday School) if Yes, please provide the following information** Yes  No

For Office  
use only

Name	Admission No.	Class & Section

PTO

14. School Alumni (the Father/Mother a past pupil of this school) Yes \_\_\_\_ No \_\_\_\_

If yes, please provide the following information with documentary proof:

Father Year of Joining .....Year of leaving .....

Mother Year of Joining .....Year of leaving .....

For Office use only



15. Father's Occupation /Profession (Tick & give full details)Govt. Employee / Private Employee / Defence Services / Professional Services / (Doctor, Lawyer, C.A., others) /Business.

15. Office Address with Telephone No. ....

16. Annual Income .....

17. Mother's Occupation /Profession (Tick & give full details) Govt. Employee / Private Employee / Defence Services / Professional Services / (Doctor, Lawyer, C.A.,others)/Business.

18. Office Address with Telephone No. ....

19. Annual Income .....

### CERTIFICATE FROM THE PARENT

I / We hereby certify that the above information provided by me / us is correct and I / we understand that if the information is found to be incorrect or false or Incomplete the ward shall be automatically debarred from selection / admission process without any correspondence in this regard. I / we also understand that the application / registration does not guarantee admission to my ward. I / we accept the process of admission undertaken by the school which is a Christian Minority Institution and I / we will abide by the decision taken by the school authorities.

Date .....

Signature of the Father/ Mother

#### Documents to be attached (photocopy only)

1. Date of Birth Certificate from the Municipal Corporation
2. Baptism Certificate (for Christians only)
3. Proof of Residential address (Voter ID Card/Passport/Driving License/ MTNL telephone bill /Ration Card/ Aadhar Card/ Electricity Bill/ Water Bill)
4. Copy of Aadhar Card of the child
5. Proof for Sibling (Photocopy of the latest Fee Receipt)
6. Proof for Alumni (Father /Mother marksheet of class XII)