horizontal line

Student Registration Form Online

#### **Basic Information**

* **Full Name:** [Textbox for name entry]
* **Date of Birth:** [Date selector]
* **Gender:** [Dropdown: Male, Female, Prefer not to say]

#### **Contact Details**

* **Email Address:** [Email input field]
* **Phone Number:** [Phone input field]
* **Address:** [Text area for full address]

#### **Previous Academic Information**

* **List of Previous Schools Attended:** [Text area]
* **Highest Grade Completed:** [Dropdown menu]

#### **Intended Course of Study**

* **Select Course:** [Dropdown menu of available courses]

#### **Health and Emergency Information**

* **Known Medical Conditions:** [Checkbox for Yes/No] If yes, [Text area]
* **Emergency Contact:** [Name, Relationship, Contact Number fields]

#### **Consent and Acknowledgment**

* **I agree to the terms and conditions:** [Checkbox]
* **Electronic Signature of Parent/Guardian:** [Signature pad or text field]
* **Date:** [Date selector]