



# 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]