This is a student Registration Form Project using simply HTML.

ease fill out the form below to register;	
Personal Information	
First Name:	
Last Name:	
Date of Birth: dd/mn/yyyy	
Gender: ○ Male ○ Female ○ Other	
Email:	10°
Phone:	an Tolediann
Address Information	√ ©
Address:	65
City:	200
State:	
ZIP Code:	Shhlandal on
Educational Information High School:	5
Educational Information High School:	
GPA:	
Intended Major:	
Year of Graduation:	
Additional Information	
Interests and Hobbies:	
Additional Comments:	

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