Web Engineering

HTML Forms



The <form> Element

• The <form> element is a container for different types of input elements, such as: text fields, checkboxes, radio buttons, submit buttons, etc.

```
• <form>
.
  form elements
.
  </form>
```

Example: Name, Phone, Email

```
<!DOCTYPE html>
<html>
<body>
<h2>Form</h2>
<form action="result.php" method="GET">
<div>
  <label for="name">Name:</label>
  <input type="text" id="name" name="name" required>
</div>
<br/>
<div>
  <label for="phone">Phone:</label>
   <input type="tel" id="phone" name="phone" placeholder="123-45-678"</pre>
pattern="[0-9]{3}-[0-9]{2}-[0-9]{3}" required><br/>
</div>
<br/>
<div>
  <label for="email">Email:</label>
  <input type="email" id="email" name="email" required>
  </div>
<br/>
<div>
  <button type="reset">Reset</button>
  <button type="submit">Submit</button>
  </div>
</form>
</body>
```

Form

Name:		
Phone:	123-45-678	
Email:		
Reset	Submit	

Name:	
Phone:	Please fill out this field.
Email:	
)



Password, Number

```
<div>
 <label for="email">Email:</label>
 <input type="email" id="email" name="email" required>
 </div>
<br/>
 <div>
 <label for="password">Password:</label>
 <input type="password" id="password" name="password" required>
</div>
<br/>
<div>
<label for="age">Age:</label>
 <input type="number" id="age" name="age" min="20" max="100" >
</div>
   <br/>
 <div>
 <button type="reset">Reset</button>
 <button type="submit">Submit
 </div>
</form>
</body>
</html>
```

Name:	
Phone:	
Email:	
Password:	•••
Age:	\$

Radio and Checkbox

<div></div>	Form
Gender:	roim
<pre><input id="female" name="gender" type="radio" value="female"/></pre>	Name:
<pre><label for="female">Female</label></pre>	Name.
<pre><input id="Male" name="gender" type="radio" value="male"/></pre>	
<pre><label for="male">Male</label> </pre>	Phone:
 	Email:
<div></div>	
Favourite Sports Favourite Sports Favourite Sports Favouri	Password:
<pre><input id="cricket" name="cricket" type="checkbox" value="cricket"/></pre>	Fassword.
<pre><label for="cricket">Cricket</label> </pre>	
<pre><input id="football" name="football" type="checkbox" value="football"/></pre>	Age:
<pre><label for="football"> Football</label> </pre>	
<pre><input id="tennis" name="tennis" type="checkbox" value="tennis"/></pre>	Gender: O Female O Male
<pre><label for="tennis">Tennis</label></pre>	
	Favourite Sports
 	☐ Cricket
<div></div>	☐ Football
<pre><button type="reset">Reset</button></pre>	☐ Tennis
<pre><button type="submit">Submit</button></pre>	_ remis
/form>	Reset Submit

Date



File

```
<div>
<label for="myfile">Select your picture:</label>
<input type="file" id="myfile" name="myfile"><br>
</div>
<br />
```

Name:
Phone: 123-45-678
Email:
Password:
Age:
Gender: O Female O Male
Favourite Sports Cricket
☐ Football
☐ Tennis
Birthday: mm / dd / yyyy 🗂
Select your picture: Browse No file selected
Reset Submit

Select

```
<div>
  <label for="cars">Choose a car:</label>
  <select id="cars" name="cars">
      <option value="civic">Civic</option>
      <option value="city">City</option>
      <option value="alto">Alto</option>
      <option value="audi">Audi</option>
  </select>
  </div>
```

Phone: 123-45-	678
Email:	
Password:	
Age:	\$
Gender: O Fe	male O Male
Favourite Spor Cricket Football Tennis	ts
Birthday: mm/	dd / yyyy 🗀
Select your pic	ture: Browse No file selected.
Choose a car:	Civic V
Reset Submi	Civic City Alto Audi

Text area

```
<div>
 Write a message:
 <textarea name="message" rows="10" cols="30"></textarea>
</div>
<br/>
                                                      Select your picture: Browse... No file selected.
                                                      Choose a car: Civic >
                                                      Write a message:
                                                       Reset Submit
```

HTML Form Elements

Tag	Description
<form></form>	Defines an HTML form for user input
<input/>	Defines an input control
<textarea></td><td>Defines a multiline input control (text area)</td></tr><tr><td><label></td><td>Defines a label for an <input> element</td></tr><tr><td><fieldset></td><td>Groups related elements in a form</td></tr><tr><td><legend></td><td>Defines a caption for a <fieldset> element</td></tr><tr><td><select></td><td>Defines a drop-down list</td></tr><tr><td><optgroup></td><td>Defines a group of related options in a drop-down list</td></tr><tr><td><option></td><td>Defines an option in a drop-down list</td></tr><tr><td><button></td><td>Defines a clickable button</td></tr></tbody></table></textarea>	

Code

- <!DOCTYPE html>
- <html>
- <body>
- <h2>Form</h2>
- <form action="result.php" method="GET">
- <div>
- <label for="name">Name:</label>
- <input type="text" id="name" name="name" required>
- </div>
-

- <div>
- <label for="phone">Phone:</label>
- <input type="tel" id="phone" name="phone" placeholder="123-45-678" pattern="[0-9]{3}-[0-9]{2}-[0-9]{3}" required>

- </div>
-

- <div>
- <label for="email">Email:</label>
- <input type="email" id="email" name="email" required>
- </div>

Code

-

- <div>
- <label for="password">Password:</label>
- <input type="password" id="password" name="password" required>
- </div>
-

- <div>
- <label for="age">Age:</label>
- <input type="number" id="age" name="age" min="20" max="100" >
- </div>
-

- <div>
- Gender:
- <input type="radio" id="female" name="gender" value="female">
- <label for="female">Female</label>
- <input type="radio" id="Male" name="gender" value="male">
- <label for="male">Male</label>

- </div>

-

- <
br/>
- <div>
- Favourite Sports

- <input type="checkbox" id="cricket"name="cricket" value="cricket">
- <label for="cricket">Cricket</label>

- <input type="checkbox" id="football"
 name="football" value="football">
- <label for="football"> Football</label>

- <input type="checkbox" id="tennis" name="tennis" value="tennis">
- <label for="tennis">Tennis</label>
- </div>
-

- <div>

Code

- <label for="birthday">Birthday:</label>
- <input type="date" id="birthday" name="birthday">
- </div>
-

- <div>
- <label for="myfile">Select your picture:</label>
- <input type="file" id="myfile" name="myfile">

- </div>
-

>
- <div>
- <label for="cars">Choose a car:</label>
- <select id="cars" name="cars">
- <option value="civic">Civic</option>
- <option value="city">City</option>
- <option value="alto">Alto</option>
- <option value="audi">Audi</option>
- </select>
- </div>

-

- <div>
- Write a message:
- <textarea name="message" rows="10" cols="30"></textarea>
- </div>
-

- <div>
- <button type="reset">Reset</button>
- <button type="submit">Submit</button>
- </div>
-

- </form>
- </body>
- </html>

Form

lame:	
hone: 123-45-678	
mail:	
assword:	
ige:	\$
ender: O Female O	Male
avourite Sports	
☐ Cricket	
Football	
Tennis	
irthday: mm/dd/yyyy	/ Ö
elect your picture: Bro	wse) No file selected.
choose a car: Civic V	
Vrite a message:	
Reset Submit	

HTML 5

• New available types of form controls include dates and times, email, url, search, number, range, tel and color.

References

- https://www.w3schools.com/html/html forms.asp
- https://www.youtube.com/watch?v=fNcJuPIZ2WE

