

School Admission Form

Output:-

School Admission Form

First Name:

Last Name:

Email:

Address:

Gender: Male Female

Activities: Tennis Cricket Basket Ball Foot Ball

Student Portal Password:

Enter Date of Birth: Date: Month: Year:

Language Opted:

Code:-

```
<html>
```

```
<head>
  <title>School Admission Form</title>
</head>
```

```
<body bgcolor="#ffffcc">
  <center> <u><i>
    <h1>School Admission Form</h1>
  </i></u></center>
  <form METHOD="get" action="mailto:7996devesh@gmail.com">
    First Name: <input type="text" name="firstname" size="50"
    maxlength="10">
    <br><br>
```

```
Last Name:  <input type="text" name="lastname" size="50" maxlength="10">  
<br><br>  
Email:     <input type="text" name="lastname" size="50" maxlength="10">  
<br><br>  
Address: <textarea name="address" rows="5" cols="50"></textarea>  
<br><br>  
Gender: <input type="radio" name="gender">Male</input> <input type="radio" name="gender">Female</input>  
<br><br>  
Activities: <input type="checkbox" name="activity">Tennis</input>  
<input type="checkbox" name="activity">Cricket</input>  
<input type="checkbox" name="activity">Basket Ball</input>  
<input type="checkbox" name="activity">Foot Ball</input>  
<br><br>  
Student Portal Password: <input type="password" name=pwdportal>  
<br><br>  
Enter Date of Birth: </b>  
Date: <input type="number" min=1 max=31>  
Month: <input type="number" min="1" max="12">  
Year: <input type="number" min="2000" max="2003">  
<br><br>  
Language Opted:  
<Select name="lang">  
  <option value="no-select">--Not selected--</option>  
  <option value="hindi"><i>Hindi</i></option>  
  <option value="Sanskrit"><i>Sanskrit</i></option>  
  <option value="french"><i>French</i></option>  
</select>  
<br><br>  
<input type="submit" value="Submit Form">  
<input type="reset" value="Clear Form">  
</form>  
</body>  
</html>
```

School Admission Form

[HTML & CSS]

Output:-

School for the cool.....

Academics Media Calendar Campus Contact

School Admission Form

Student Details		Parent Details	
Name:		Father's Name:	
Birth Date:	dd-mm-yyyy <input type="button" value=""/>	Mother's Name:	
Class Opting:	--Select--	Phone Number:	
2 nd Language:	--Select--	E-mail:	
3 rd Language:	--Select--	Address:	
Sport:	<input type="radio"/> Lawn Tennis <input type="radio"/> Cricket <input type="radio"/> Football <input type="radio"/> Basket ball <input type="radio"/> Chess <input type="radio"/> Swimming <input type="radio"/> Taekwondo <input type="radio"/> Judo <input type="radio"/> Table Tennis	Occupation :	
		Occupation :	
Please read our Guidelines before continuing.			

Submit

Output:-

HTML

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
```

```
<title>School Admission Form</title>
<link rel="stylesheet" href="style.css">
<link rel="icon" type="image/x-icon" href="emoji.ico">
</head>
<body>
    <header>
        
        <center>
            <nav>
                <a href="">Academics</a>
                <a href="">Media</a>
                <a href="">Calendar</a>
                <a href="">Campus</a>
            </nav>
        </center>
        <button type="button">Contact</button>
    </header>
    <main style="border-left: 5px solid #4b92db;" class="main">
        <h1>School Admission Form</h1>
    </main>
    <div class="bracket">
        <main style="width: max-content; border-left: 5px solid #4b92db;">
            <center>
                <h4>Student Details</h4>
            </center>
            <hr width="100%">
            <form>
                <table>
                    <tr>
                        <td><label for="name">Name:</label></td>
                        <td><input id="name" type="textbox"></td>
                    </tr>
                    <tr>
                        <td><label for="dob">Birth Date:</label></td>
                        <td><input id="dob" type="date"></td>
                    </tr>
                    <tr>
                        <td><label for="class">Class Opting:</label></td>
                        <td>
                            <select id="class">
                                <option>--Select--</option>
```

```
        <option>Nursery</option>
        <option>LKG</option>
        <option>UKG</option>
        <option>1</option>
        <option>2</option>
        <option>3</option>
        <option>4</option>
        <option>5</option>
        <option>6</option>
        <option>7</option>
        <option>8</option>
        <option>9</option>
        <option>10</option>
        <option>11</option>
        <option>12</option>
    </select>
</td>
</tr>
<tr>
    <td><label for="2lang">2nd</sup>
```

Language:</label></td>

```
    <td>
        <select id="2lang">
            <option>--Select--</option>
            <option>Hindi</option>
            <option>Telugu</option>
            <option>Gujarati</option>
        </select>
    </td>
</tr>
<tr>
    <td><label for="3rdlang">3rd</sup>
```

Language:</label></td>

```
    <td>
        <select id="3rdlang">
            <option>--Select--</option>
            <option>Hindi</option>
            <option>Telugu</option>
            <option>Gujarati</option>
        </select>
    </td>
```

```
</tr>
<tr>
    <td><label for="sport">Sport:</label></td>
    <td>
        <ul type="none">
            <li><input type="radio" id="sport"
name="sport" value="Lawn Tennis">Lawn Tennis</li>
            <li><input type="radio" id="sport"
name="sport" value="Cricket">Cricket</li>
            <li><input type="radio" id="sport"
name="sport" value="Football">Football</li>
            <li><input type="radio" id="sport"
name="sport" value="Basketball">Basket ball</li>
            <li><input type="radio" id="sport"
name="sport" value="Chess">Chess</li>
            <li><input type="radio" id="sport"
name="sport" value="Swimming">Swimming</li>
            <li><input type="radio" id="sport"
name="sport" value="Taekwondo">Taekwondo</li>
            <li><input type="radio" id="sport"
name="sport" value="Judo">Judo</li>
            <li><input type="radio" id="sport"
name="sport" value="TT">Table Tennis</li>
        </ul>
    </td>
</tr>
</table>
</form>
</main>
<main style="width: max-content; border-left: 5px solid #4b92db;">
    <center>
        <h4>Parent Details</h4>
    </center>
    <hr width="100%">
    <form>
        <table>
            <tr>
                <td><label for="name">Father's Name:</label></td>
                <td><input id="name" type="textbox"></td>
            </tr>
            <tr>
```

```
<td><label for="age">Mother's Name: </label></td>
<td><input type="textbox"></td>
</tr>
<tr>
    <td><label for="phone">Phone Number:</label></td>
    <td>
        <input type="number" size="10" id="phone"
maxlength="10">
        </td>
    </tr>
    <tr>
        <td><label for="e-mail">E-mail:</label></td>
        <td><input id="e-mail" type="text"></td>
    </tr>
    <tr>
        <td><label for="address">Address:</label></td>
        <td><textarea id="address"
cols="27"></textarea></td>
    </tr>
    <tr>
        <td><label for="occu">Occupation 🧑 :</label></td>
        <td><input id="occu" type="text"></td>
    </tr>
    <tr>
        <td><label for="occu2">Occupation 🧑 :</label></td>
        <td><input id="occu2" type="text"></td>
    </tr>
</table>

<center>
    <p style="margin: 35px 15px 5px 15px;">Please read
our <a style="color:#4b92db; text-decoration: underline; cursor:
pointer;">Guidelines</a> before
continuing.</p>
</center>
</form>
</main>
</div>
<center><button type="submit" class="submit">Submit</button></center>
</body>
</html>_
```