## **Student Registration Form**

| Full Name:     |                            |
|----------------|----------------------------|
| Email:         |                            |
| Password:      |                            |
| Gender:        | ○ Male ○ Female            |
| Date of Birth: | dd-mm-yyyy :::             |
| Phone Number:  |                            |
| Course:        | Select Course              |
| Hobbies:       | ☐ Reading ☐ Sports ☐ Music |
| Address:       |                            |
| Register       |                            |