Exercicio 1

Código

Index

```
<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta http-equiv="X-UA-Compatible" content="IE=edge">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>Lista de Cursos</title>
    <style>
        header h1 {
            text-align: center;
        }
        main {
           text-align: center;
        main .list-item {
            border: 1px solid #ccc;
            border-radius: 10px;
            margin: 10px 0;
            padding: 10px 0;
        }
        main .list-item span {
            display: block;
            padding: 10px 0;
        }
        footer {
            text-align: center;
            padding-top: 30px;
            padding-bottom: 10px;
            font-size: 1.5rem;
            font-weight: 700;
        }
    </style>
</head>
<body>
   <header>
        <h1>
            Lista de cursos
        </h1>
   </header>
   <main>
      <div class="list">
```

```
<div class="list-item">
   <h3>
      Curso de html
   </h3>
   >
      Curso completo de html do básico ao avançado
   <span>
      Seg há Sex: 19:00 as 22:00
   </span>
   <span>
      Professor: Rafael
   </span>
  <a href="./form.html?code=1">
      R$ 9,99 INCREVA-SE
   </a>
</div>
<div class="list-item">
   <h3>
      Curso de html
   </h3>
   >
      Curso completo de html do básico ao avançado
   <span>
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</div>
<div class="list-item">
   <h3>
      Curso de html
```

```
</h3>
         >
            Curso completo de html do básico ao avançado
         <span>
            Seg há Sex: 19:00 as 22:00
         </span>
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     </div>
     <div class="list-item">
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            Curso de html
        </h3>
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         </a>
     </div>
     <div class="list-item">
         <h3>
            Curso de html
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         >
            Curso completo de html do básico ao avançado
         <span>
            Seg há Sex: 19:00 as 22:00
         </span>
         <span>
            Professor: Rafael
         </span>
         <a href="./form.html?code=1">
            R$ 9,99 INCREVA-SE
         </a>
     </div>
  </div>
</main>
  Copyright © Gabriel de Pádua - Todos os Direitos Reservados
</footer>
```

```
</body>
</html>
```

Form

```
<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta http-equiv="X-UA-Compatible" content="IE=edge">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>Formulário de cadastro</title>
    <style>
        header h1 {
            text-align: center;
        }
        form .title h4 {
            font-size: 1.8rem;
            margin-bottom: 20px;
        }
        form .form-group {
            display: block;
            width: 100%;
        }
        form .form-group label {
            display: block;
            font-size: 1.5rem;
            margin-bottom: 10px;
            margin-top: 15px;
        }
        form .form-group input,
        form .form-group select {
            display: block;
            width: 100%;
            padding: 10px 0;
        }
        footer {
            padding: 20px 0;
            font-size: 1.5rem;
            font-weight: 700;
        }
    </style>
</head>
<body>
    <header>
```

```
Formulário de cadastro
        </h1>
    </header>
    <main>
        <form action="submit">
            <div class="rendered-form">
                <div class="title">
                     <h4>
                         Aluno
                     </h4>
                </div>
                <div class="formbuilder-text form-group field-name">
                     <label for="name" class="formbuilder-text-</pre>
label">Nome<span class="formbuilder-required">*</span></label>
                     <input type="text" placeholder="Fulano de Tal..."</pre>
class="form-control" name="name" access="false" id="name"
required="required" aria-required="true">
                </div>
                <div class="formbuilder-text form-group field-email">
                     <label for="email" class="formbuilder-text-</pre>
label">Email<span class="formbuilder-required">*</span></label>
                     <input type="email" placeholder="fulano@fulano.com"</pre>
class="form-control" name="email" access="false" id="email"
required="required" aria-required="true">
                </div>
                <div class="formbuilder-text form-group field-celular">
                     <label for="celular" class="formbuilder-text-</pre>
label">Celular<span class="formbuilder-required">*</span></label>
                     <input type="tel" placeholder="(99) 9999-99999"</pre>
class="form-control" name="celular" access="false" id="celular"
required="required" aria-required="true">
                </div>
                <div class="formbuilder-text form-group field-telefone">
                     <label for="telefone" class="formbuilder-text-</pre>
label">Telefone</label>
                     <input type="tel" placeholder="(99) 9999-99999"</pre>
class="form-control" name="telefone" access="false" id="telefone">
                </div>
                <div class="formbuilder-select form-group field-select-</pre>
1631674377629">
                     <label for="select-1631674377629" class="formbuilder-</pre>
select-label">Etnia<span class="formbuilder-required">*</span></label>
                     <select class="form-control" name="select-</pre>
1631674377629" id="select-1631674377629" required="required" aria-
required="true">
                         <option disabled="null"</pre>
selected="null">Selecione...</option>
                         <option value="Branco" id="select-1631674377629-</pre>
0">Branco</option>
                         <option value="Negro" id="select-1631674377629-</pre>
1">Negro</option>
                         <option value="Pardo" id="select-1631674377629-</pre>
2">Pardo</option>
```

```
<option value="Amarelo" id="select-1631674377629-</pre>
3">Amarelo</option>
                         <option value="Indigena" id="select-1631674377629-</pre>
4">Indigena</option>
                     </select>
                 </div>
                 <div class="title">
                     <h4>
                         Endereço
                     </h4>
                 </div>
                 <div class="formbuilder-text form-group field-cep">
                     <label for="cep" class="formbuilder-text-</pre>
label">CEP</label>
                     <input type="text" placeholder="00000-000" class="form-</pre>
control" name="cep" access="false" maxlength="9" id="cep">
                 </div>
                 <div class="formbuilder-text form-group field-endereco">
                     <label for="endereco" class="formbuilder-text-</pre>
label">Endereço</label>
                     <input type="text" class="form-control" name="endereco"</pre>
access="false" id="endereco">
                 </div>
                 <div class="formbuilder-text form-group field-numero">
                     <label for="numero" class="formbuilder-text-</pre>
label">Numero</label>
                     <input type="tel" class="form-control" name="numero"</pre>
access="false" id="numero">
                 </div>
                 <div class="formbuilder-text form-group field-bairro">
                     <label for="bairro" class="formbuilder-text-</pre>
label">Bairro</label>
                     <input type="text" class="form-control" name="bairro"</pre>
access="false" id="bairro">
                 <div class="formbuilder-text form-group field-cidade">
                     <label for="cidade" class="formbuilder-text-</pre>
label">Cidade</label>
                     <input type="text" class="form-control" name="cidade"</pre>
access="false" id="cidade">
                 </div>
                 <div class="formbuilder-text form-group field-estado">
                     <label for="estado" class="formbuilder-text-</pre>
label">Estado</label>
                     <input type="text" class="form-control" name="estado"</pre>
access="false" id="estado">
                 </div>
             </div>
             <div class="rendered-form">
                 <div class="title">
                     <h4>
                         Pai
                     </h4>
                 </div>
```

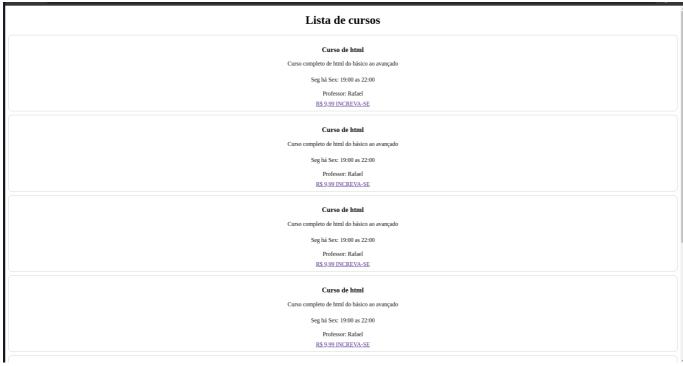
```
<div class="formbuilder-text form-group field-nome-pai">
                     <label for="nome-pai" class="formbuilder-text-</pre>
label">Nome<span class="formbuilder-required">*</span></label>
                     <input type="text" class="form-control" name="nome-pai"</pre>
access="false" id="nome-pai" required="required" aria-required="true">
                </div>
                <div class="formbuilder-text form-group field-celular">
                     <label for="pai-celular" class="formbuilder-text-</pre>
label">Celular<span class="formbuilder-required">*</span></label>
                     <input type="tel" class="form-control" name="pai-</pre>
celular" access="false" id="celular" required="required" aria-
required="true">
                <div class="formbuilder-text form-group field-pai-email">
                     <label for="pai-email" class="formbuilder-text-</pre>
label">Email<span class="formbuilder-required">*</span></label>
                     <input type="email" class="form-control" name="pai-</pre>
email" access="false" id="pai-email" required="required" aria-
required="true">
                </div>
                <div class="formbuilder-text form-group field-cpf-pai">
                     <label for="cpf-pai" class="formbuilder-text-</pre>
label">CPF<span class="formbuilder-required">*</span></label>
                     <input type="text" placeholder="000.000.000-00"</pre>
class="form-control" name="cpf-pai" access="false" maxlength="11" id="cpf-
pai" required="required" aria-required="true">
                <div class="formbuilder-text form-group field-data-pai">
                     <label for="data-pai" class="formbuilder-text-</pre>
label">Data de Nascimento</label>
                     <input type="text" class="form-control" name="data-pai"</pre>
access="false" id="data-pai">
                </div>
                <div class="formbuilder-text form-group field-pai-</pre>
naturalidade">
                     <label for="pai-naturalidade" class="formbuilder-text-</pre>
label">Naturalidade</label>
                     <input type="text" class="form-control" name="pai-</pre>
naturalidade" access="false" id="pai-naturalidade">
                </div>
                <div class="formbuilder-text form-group field-instrucao">
                     <label for="pai-instrucao" class="formbuilder-text-</pre>
label">Instrução</label>
                     <input type="pai-text" class="form-control" name="pai-</pre>
instrucao" access="false" id="instrucao">
                <div class="formbuilder-text form-group field-profissao">
                     <label for="profissao" class="formbuilder-text-</pre>
label">Profissão</label>
                     <input type="text" class="form-control" name="-pai-</pre>
profissao" access="false" id="profissao">
                </div>
                <div class="formbuilder-select form-group field-pai-</pre>
responsavel">
```

```
<label for="pai-responsavel" class="formbuilder-select-</pre>
label">Responsável Financeiro?</label>
                     <select class="form-control" name="pai-responsavel"</pre>
id="pai-responsavel">
                         <option value="sim" selected="true" id="pai-</pre>
responsavel-0">sim</option>
                         <option value="nao" id="pai-responsavel-</pre>
1">não</option>
                         <option value="option-3" id="pai-responsavel-</pre>
2">Option 3</option>
                     </select>
                 </div>
            </div>
            <div class="rendered-form">
                 <div class="title">
                     <h4>
                         Mãe
                     </h4>
                 </div>
                 <div class="formbuilder-text form-group field-nome-pai">
                     <label for="nome-pai" class="formbuilder-text-</pre>
label">Nome<span class="formbuilder-required">*</span></label>
                     <input type="text" class="form-control" name="nome-pai"</pre>
access="false" id="nome-pai" required="required" aria-required="true">
                 </div>
                 <div class="formbuilder-text form-group field-celular">
                     <label for="celular" class="formbuilder-text-</pre>
label">Celular<span class="formbuilder-required">*</span></label>
                     <input type="text" class="form-control" name="celular"</pre>
access="false" id="celular" required="required" aria-required="true">
                 </div>
                 <div class="formbuilder-text form-group field-pai-email">
                     <label for="pai-email" class="formbuilder-text-</pre>
label">Email<span class="formbuilder-required">*</span></label>
                     <input type="text" class="form-control" name="pai-</pre>
email" access="false" id="pai-email" required="required" aria-
required="true">
                 <div class="formbuilder-text form-group field-cpf-pai">
                     <label for="cpf-pai" class="formbuilder-text-</pre>
label">CPF<span class="formbuilder-required">*</span></label>
                     <input type="text" placeholder="000.000.000.000-00"</pre>
class="form-control" name="cpf-pai" access="false" maxlength="11" id="cpf-
pai" required="required" aria-required="true">
                 </div>
                 <div class="formbuilder-text form-group field-data-pai">
                     <label for="data-pai" class="formbuilder-text-</pre>
label">Data de Nascimento</label>
                     <input type="text" class="form-control" name="data-pai"</pre>
access="false" id="data-pai">
                 </div>
                 <div class="formbuilder-text form-group field-pai-</pre>
naturalidade">
                     <label for="pai-naturalidade" class="formbuilder-text-</pre>
```

```
label">Naturalidade</label>
                     <input type="text" class="form-control" name="pai-</pre>
naturalidade" access="false" id="pai-naturalidade">
                 </div>
                 <div class="formbuilder-text form-group field-instrucao">
                     <label for="instrucao" class="formbuilder-text-</pre>
label">Instrução</label>
                     <input type="text" class="form-control"</pre>
name="instrucao" access="false" id="instrucao">
                 </div>
                 <div class="formbuilder-text form-group field-profissao">
                     <label for="profissao" class="formbuilder-text-</pre>
label">Profissão</label>
                     <input type="text" class="form-control"</pre>
name="profissao" access="false" id="profissao">
                 </div>
                 <div class="formbuilder-select form-group field-pai-</pre>
responsavel">
                     <label for="pai-responsavel" class="formbuilder-select-</pre>
label">Responsável Financeiro?</label>
                     <select class="form-control" name="pai-responsavel"</pre>
id="pai-responsavel">
                         <option value="sim" selected="true" id="pai-</pre>
responsavel-0">sim</option>
                         <option value="nao" id="pai-responsavel-</pre>
1">não</option>
                         <option value="option-3" id="pai-responsavel-</pre>
2">Option 3</option>
                     </select>
                 </div>
             </div>
             <div class="rendered-form">
                 <div class="title">
                     <h4>
                         Pagamento
                     </h4>
                 </div>
                 <div class="formbuilder-select form-group field-select-</pre>
cursos">
                     <label for="select-cursos" class="formbuilder-select-</pre>
label">Cursos<span class="formbuilder-required">*</span></label>
                     <select class="form-control" name="select-cursos"</pre>
id="select-cursos" required="required" aria-required="true">
                         <option disabled="null" selected="null">Selecione o
curso...
                         <option value="html" id="select-cursos-</pre>
0">HTML5</option>
                         <option value="css" id="select-cursos-</pre>
1">CSS3</option>
                         <option value="js" id="select-cursos-</pre>
2">JavaScript</option>
                     </select>
                 </div>
                 <div class="formbuilder-text form-group field-data-</pre>
```

```
ingresso">
                     <label for="data-ingresso" class="formbuilder-text-</pre>
label">Data de ingresso<span class="formbuilder-required">*</span></label>
                     <input type="text" class="form-control" name="data-</pre>
ingresso" access="false" id="data-ingresso" required="required" aria-
required="true">
                </div>
                <div class="formbuilder-text form-group field-valor">
                     <label for="valor" class="formbuilder-text-</pre>
label">Valor<span class="formbuilder-required">*</span></label>
                     <input disabled type="text" class="form-control"</pre>
name="valor" access="false" value="R$ 19,99" id="valor" required="required"
aria-required="true">
                </div>
                <div class="formbuilder-select form-group field-pagamento">
                     <label for="pagamento" class="formbuilder-select-</pre>
label">Forma de Pagamento<span class="formbuilder-required">*</span>
</label>
                     <select class="form-control" name="pagamento"</pre>
id="pagamento" required="required" aria-required="true">
                         <option value="1" selected="true" id="pagamento-</pre>
0">à vista</option>
                         <option value="2" id="pagamento-1">2x</option>
                         <option value="3" id="pagamento-2">3x</option>
                         <option value="4" id="pagamento-3">4x</option>
                         <option value="5" id="pagamento-4">5x</option>
                     </select>
                </div>
            </div>
        </form>
    </main>
    <footer>
        Copyright © Gabriel de Pádua - Todos os Direitos Reservados
    </footer>
</body>
</html>
```

Páginas





Pai
Nome*
Celular*
Email*
CPF*
Data de Nascimento
Naturalidade
Instrução
insuuçao
Profissão
Responsável Financeiro?
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Mãe
Mãe Nome*
Nome*
Nome* Celular*
Nome*
Nome* Celular* Email* CPF*
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