

# Registration Form

Personal  
Information

Contact  
Information

Academic  
Information

Additional  
Details

## Personal Information

First Name:

Last Name:

Date of Birth:



Gender:



Submit

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## Contact Information

Email:

Phone Number:

Address:

City:

Submit

# Registration Form

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## Academic Information

Student ID: 20-0340-240

Program: BSIT

Year Level: 3

GPA: 99

Submit

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## Additional Details

Hobbies:

Basketball

Skills:

All around

Other Notes:

None

Submit

Controlled Input

Uncontrolled Input

Tabled Form

Personal Information

Hobbies:

Skills:

Other Notes:

Submit

localhost:3000 says

Submitted Data: {  
"firstName": "Iverson",  
"lastName": "David",  
"dob": "2003-03-04",  
"gender": "male",  
"email": "iversondavid@gmail.com",  
"phone": "09750230985",  
"address": "Porac",  
"city": "Angeles",  
"studentId": "20-0240-240"}  
OK

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## Personal Information

First Name:

Last Name:

Date of Birth:



Please fill out this field.

Gender:



Submit

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## Contact Information

Email: Enter your email

Phone Number: 09750230985

Address:



Please fill out this field.

City: Angeles

Submit

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## Academic Information

Student ID:

Program:

Year Level:



Please fill out this field.

GPA: