

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8" />
  <meta name="viewport" content="width=device-width, initial-scale=1.0"/>
  <title>Student Admission Interface</title>
  <link
href="https://cdn.jsdelivr.net/npm/bootstrap@5.3.2/dist/css/bootstrap.min.css"
rel="stylesheet" />
</head>
<body style="color: #333; font-family: Arial, sans-serif; background-color:
#f8f9fa;">

  <!-- Header -->
  <header style="background-color: #b10000; padding: 20px; box-shadow: 0 4px 8px
rgba(0, 0, 0, 0.2); margin-bottom: 20px;">
    <h1 style="color: white; text-align: center; margin: 0; font-size: 2.5em;
text-shadow: 2px 2px 4px rgba(0,0,0,0.3);">
      Student Admission Interface
    </h1>
  </header>

  <!-- Main Content -->
  <div class="container">
    <section style="background-color: white; padding: 25px; margin: 30px auto;
border-radius: 15px; box-shadow: 0 2px 10px rgba(0,0,0,0.1); border-top: 10px
solid #b10000;">

      <h2 class="mb-4 text-center" style="color: #b10000;">Admission Form</h2>

      <form action="/submit" method="post" enctype="multipart/form-data">

        <!-- Personal Information -->
        <div class="card mb-4">
          <div class="card-body">
            <fieldset>
              <legend class="text-danger">Personal Information</legend>
              <div class="row g-4">
                <div class="col-md-8">
                  <div class="mb-3">
                    <label for="firstName" class="form-label">First Name <span
class="text-danger">*</span></label>
                    <input type="text" class="form-control" id="firstName"
placeholder="Juan" required>
                  </div>
                </div>
              </div>
            </fieldset>
          </div>
        </div>
      </form>
    </section>
  </div>
</body>
</html>
```

```
        <div class="mb-3">
            <label for="lastName" class="form-label">Last Name <span
class="text-danger">*</span></label>
            <input type="text" class="form-control" id="lastName"
placeholder="Dela Cruz" required>
        </div>

        <div class="mb-3">
            <label for="email" class="form-label">Email Address <span
class="text-danger">*</span></label>
            <input type="email" class="form-control" id="email"
placeholder="juan.delacruz@example.com" required>
        </div>

        <div class="mb-3">
            <label for="phoneNumber" class="form-label">Phone Number
<span class="text-danger">*</span></label>
            <input type="tel" class="form-control" id="phoneNumber"
placeholder="Enter your phone number ex. 09123456789" pattern="[0-9]{11}"
required>
        </div>

        <div class="mb-3">
            <label for="dateOfBirth" class="form-label">Date of Birth
<span class="text-danger">*</span></label>
            <input type="date" class="form-control" id="dateOfBirth"
required>
        </div>

        <div class="mb-3">
            <label for="street" class="form-label">Home Number / Street
Name <span class="text-danger">*</span></label>
            <input type="text" class="form-control" id="street"
placeholder="25 Mapanganib St." required>
        </div>

        <div class="row">
            <div class="col-md-6 mb-3">
                <label for="barangay" class="form-label">Barangay <span
class="text-danger">*</span></label>
                <input type="text" class="form-control" id="barangay"
placeholder="Malandi" required>
            </div>
            <div class="col-md-6 mb-3">
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        <label for="city" class="form-label">City / Municipality
<span class="text-danger">*</span></label>
        <input type="text" class="form-control" id="city"
placeholder="Maharot City" required>
    </div>
</div>

    <div class="row">
        <div class="col-md-6 mb-3">
            <label for="province" class="form-label">Province <span
class="text-danger">*</span></label>
            <input type="text" class="form-control" id="province"
placeholder="Laguna" required>
        </div>
        <div class="col-md-6 mb-3">
            <label for="zip" class="form-label">ZIP Code <span
class="text-danger">*</span></label>
            <input type="text" class="form-control" id="zip"
placeholder="1811" required>
        </div>
    </div>

    <!-- Photo Upload, Gender, Program -->
    <div class="col-md-4">
        <div class="card">
            <div class="card-body">
                <h5 class="card-title text-danger text-center">Photo
Upload</h5>
                <div class="mb-3 d-flex justify-content-center">
                    <div style="border: 2px dashed #b10000; border-radius:
10px; padding: 10px; background-color: #f8d7da; max-width: 150px; width: 100%;">
                        
                    </div>
                </div>
                <label for="photo" class="form-label">Insert Photo <span
class="text-danger">*</span></label>
                <input type="file" id="photo" name="photo" accept="image/*"
required class="form-control mb-3">
            </div>
        </div>

        <div class="card mt-4">
            <div class="card-body">
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        <h5 class="card-title text-danger text-center">Gender</h5>
        <div class="form-check">
            <input type="radio" id="GenderMale" name="gender"
value="male" required class="form-check-input">
            <label for="GenderMale" class="form-check-
label">Male</label>
        </div>
        <div class="form-check">
            <input type="radio" id="GenderFemale" name="gender"
value="female" required class="form-check-input">
            <label for="GenderFemale" class="form-check-
label">Female</label>
        </div>
    </div>
</div>

    <div class="card mt-4">
        <div class="card-body">
            <h5 class="card-title text-danger text-center">Program
Selection</h5>

            <div class="mb-3">
                <label for="college" class="form-label">Select College
<span class="text-danger">*</span></label>
                <select id="college" name="college" class="form-select"
required>
                    <option value="" disabled selected>Select your
college</option>
                    <option value="coe">College of Engineering</option>
                    <option value="cas">College of Arts and
Sciences</option>
                    <option value="cba">College of Business
Administration</option>
                    <option value="ccis">College of Computer and
Information Science</option>
                </select>
            </div>

            <div class="mb-3">
                <label for="course" class="form-label">Select Course
<span class="text-danger">*</span></label>
                <select id="course" name="course" class="form-select"
required>
                    <option value="" disabled selected>Select your
course</option>
                    <option value="bsit">BS Information Technology</option>
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<option value="bsce">BS Civil Engineering</option>  
<option value="bsa">BS Accountancy</option>  
<option value="bpsyc">BS Psychology</option>  
</select>  
</div>  
</div>  
</div>  
</div>  
</div>  
</fieldset>  
</div>  
</div>  
  
<!-- Academic Info -->  
<div class="card mb-4">  
  <div class="card-body">  
    <fieldset>  
      <legend class="text-danger">Academic Information</legend>  
      <div class="row g-4">  
        <div class="col-md-12">  
          <div class="mb-3">  
            <label for="COR" class="form-label">Insert COR <span  
class="text-danger">*</span></label>  
            <input type="file" id="COR" name="COR" accept="image/*"  
required class="form-control mb-3">  
  
          <div class="mb-3">  
            <label for="schoolName" class="form-label">Previous School  
Name <span class="text-danger">*</span></label>  
            <input type="text" class="form-control" id="schoolName"  
required>  
          </div>  
  
          <div class="mb-3">  
            <label for="schoolStreet" class="form-label">Previous  
School Street <span class="text-danger">*</span></label>  
            <input type="text" class="form-control" id="schoolStreet"  
required>  
          </div>  
  
          <div class="row">  
            <div class="col-md-6 mb-3">  
              <label for="schoolBarangay" class="form-label">Barangay  
<span class="text-danger">*</span></label>
```



```
<!-- Additional Info -->
<div class="card mb-4">
  <div class="card-body">
    <fieldset>
      <legend class="text-danger">Additional Information</legend>
      <div class="row g-4">
        <div class="col-md-12">
          <div class="row">
            <div class="col-md-6 mb-3">
              <label for="fatherFirstName" class="form-label">Father's
First Name <span class="text-danger">*</span></label>
              <input type="text" class="form-control"
id="fatherFirstName" placeholder="Rico" required>
            </div>

            <div class="col-md-6 mb-3">
              <label for="motherLastName" class="form-label">Father's
Last Name <span class="text-danger">*</span></label>
              <input type="text" class="form-control" id="motherLastName"
placeholder="Dela Cruz" required>
            </div>
          </div>

          <div class="row">
            <div class="col-md-6 mb-3">
              <label for="motherFirstName" class="form-label">Mother's
First Name <span class="text-danger">*</span></label>
              <input type="text" class="form-control"
id="motherFirstName" placeholder="Maria" required>
            </div>

            <div class="col-md-6 mb-3">
              <label for="motherLastName" class="form-label">Mother's
Last Name <span class="text-danger">*</span></label>
              <input type="text" class="form-control" id="motherLastName"
placeholder="Dela Cruz" required>
            </div>
          </div>

          <div class="mb-3">
            <label for="familyAnnualIncome" class="form-label">Family
Annual Income <span class="text-danger">*</span></label>
            <select id="familyAnnualIncome" name="familyAnnualIncome"
class="form-select" required>
```

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        <option value="" disabled selected>Select your family
annual income</option>
        <option value="0-40000">0 - 40,000</option>
        <option value="40001-80000">40,001 - 80,000</option>
        <option value="80001-120000">80,001 - 120,000</option>
        <option value="120001-above">120,001 and above</option>
    </select>
</div>

    <div class="row">
        <div class="col-md-6 mb-3">
            <label for="emergencyContact" class="form-label">Emergency
Contact Name <span class="text-danger">*</span></label>
            <input type="text" class="form-control"
id="emergencyContact" placeholder="Elsa Yelo" required>
        </div>

        <div class="col-md-6 mb-3">
            <label for="emergencyContactNumber" class="form-
label">Emergency Contact Number <span class="text-danger">*</span></label>
            <input type="tel" class="form-control"
id="emergencyContactNumber" placeholder="ex.09123456789" pattern="[0-9]{11}"
required>
        </div>
    </div>

    <div class="mb-3">
        <label for="reasons" class="form-label">Why did you choose
our University? <span class="text-danger">*</span></label>
        <textarea class="form-control" id="reasons" rows="3"
placeholder="Please specify your reasons." required></textarea>
    </div>
</div>
</div>
</fieldset>
</div>
</div>

    <div class="form-check d-flex justify-content-center align-items-center
gap-2 mt-4">
        <input class="form-check-input" type="checkbox" id="agreeTerms"
required>
        <label class="form-check-label mb-0" for="agreeTerms">
            I agree to the <a href="#" class="text-danger">terms and
conditions</a> <span class="text-danger">*</span>
    </div>
```



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        </label>
      </div>

      <div class="mt-4 text-center">
        <button type="submit" class="btn btn-danger px-5">Submit
Application</button>
      </div>
    </form>
  </section>
</div>
</body>
</html>
```

CONFIRMATION

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8" />
  <meta name="viewport" content="width=device-width, initial-scale=1.0"/>
  <title>Confirmation | Student Admission</title>
  <link
href="https://cdn.jsdelivr.net/npm/bootstrap@5.3.2/dist/css/bootstrap.min.css"
rel="stylesheet" />
</head>
<body style="color: #333; font-family: Arial, sans-serif; background-color:
#f8f9fa;">

  <header style="background-color: #b10000; padding: 20px; box-shadow: 0 4px 8px
rgba(0, 0, 0, 0.2); margin-bottom: 20px;">
    <h1 style="color: white; text-align: center; margin: 0; font-size: 2.5em;
text-shadow: 2px 2px 4px rgba(0,0,0,0.3);">
      Student Admission Interface
    </h1>
  </header>

  <div class="container">
    <section style="background-color: white; padding: 30px; margin: 30px auto;
border-radius: 15px; box-shadow: 0 2px 10px rgba(0,0,0,0.1); border-top: 10px
solid #b10000; max-width: 800px;">
      <div class="text-center">
        
        <h2 class="text-success">Application Submitted Successfully!</h2>
```

```
<p class="lead">Thank you for submitting your admission form. We have
received your application and will contact you via email for the next steps.</p>

<div class="mt-4">
  <a href="index.html" class="btn btn-danger">Back to Home</a>
</div>
</div>
</section>
</div>

</body>
</html>
```

OUTPUT

Student Admission Interface

Admission Form

Personal Information

First Name *

Juan

Last Name *

Dela Cruz

Email Address *

juan.delacruz@example.com

Phone Number *

Enter your phone number ex. 09123456789

Date of Birth *

dd/mm/yyyy

Home Number / Street Name *

25 Mapanganib St.

Barangay *

Malandi

City / Municipality *

Maharot City

Province *

Laguna

ZIP Code *

1811

Photo Upload

Insert Photo *

Choose File

No file chosen

Gender

☐ Male

☐ Female

Program Selection

Select College *

Select your college

Select Course *

Select your course

Academic Information

Insert COR *

Choose File

No file chosen

Previous School Name *

Previous School Street *

Barangay *

City / Municipality *

Year Graduated *

Select your year graduated

Strand *

Select your strand

Additional Information

Father's First Name *

Rico

Father's Last Name *

Dela Cruz

Mother's First Name *

Maria

Mother's Last Name *

Dela Cruz

Family Annual Income *

Select your family annual income

Emergency Contact Name *

Elsa Yelo

Emergency Contact Number *

ex.09123456789

Why did you choose our University? *

Please specify your reasons.

☐ I agree to the [terms and conditions](#) *

Submit Application

Student Admission Interface



[Back to Home](#)

Admission Form

BS Information Technology

Academic Information

Insert COR *

Choose File palawan.jpg

Previous School Name *

HTS

Previous School Street *

24 Hello

Barangay *

Malanday

City / Municipality *

Marikina

Year Graduated *

2020

Strand *

STEM

Additional Information

Father's First Name *

Richard

Father's Last Name *

Nicolas

Mother's First Name *

Ma. Jogi Grace

Mother's Last Name *

Nicolas

Family Annual Income *

0 - 40,000

Emergency Contact Name *

Maria Cautiver

Emergency Contact Number *

09232111232

Why did you choose our University? *

mahirap kase mamili so nag roleta ako

☒ I agree to the [terms and conditions](#) *

Submit Application

INPUT VALIDATION

Personal Information

First Name *
Chow

Last Name *
King

Email Address *
asdusaduhsaaA

Photo Upload
Insert Photo *
Choose File N...

Please include an '@' in the email address. 'asdusaduhsaaA' is missing an '@'.

Personal Information

First Name *
Chow

Last Name *
King

Email Address *
juan.delacruz@example.com

Phone Number *
09123456789

Please fill out this field.

Phone Number *
091234567

Date of Birth *
Please match the requested format.

REFLECTION

For this project, I created an HTML-based Student Admission Form and structured it using `<fieldset>` and `<legend>` elements to group related information together. This helped me organize the form into clear sections like Personal Information, Academic Information, and Additional Information so it's easier for users to fill out. I used Bootstrap 5 and explored its documentation to understand how to implement things like responsive grids and cards. That's also where I discovered the card component, which I used especially for the photo upload and gender/program sections to make them stand out a bit more.

For the input fields, I chose different types depending on the kind of data needed. I used text boxes for names and addresses, a date picker for birth date, radio buttons for gender, dropdowns for courses, and even a textarea for applicants to explain why they chose the university. There's also file upload for photos and credentials. I made sure to include required attributes to make sure no important field is skipped, and I used the pattern attribute for phone numbers to make sure users enter exactly 11 digits. I also used id, name, and for properly so the labels are connected to their inputs for better accessibility.

I also created a simple confirmation.html page that displays a success message after submission, just to make the form feel more complete and more user-friendly. I tested the form myself multiple times and made sure that every input works, every required field triggers validation, and that the layout looks clean both on desktop and smaller screens.

One of the challenges I faced was that when I switched to using `<fieldset>`, the borders I had before disappeared, so I had to adjust styling to make everything still look good. Another thing was I actually started late because of an electrical shortage in our street, so I had to manage my time carefully to try finish everything on time. Still, I'm happy with how the form turned out, and I learned a lot from digging through the Bootstrap docs and applying them to a real layout.