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<!DOCTYPE html>
<html lang="en">
<head>
<meta charset="UTF-8"/>
<meta name="viewport" content="width=device-width, initial-scale=1" />
<title>GS Higher Secondary School - Admission Form</title>
<link rel="stylesheet" href="styles.css" />
</head>
<body>
<!-- Header -->
<header class="site-header">
 <h1>GS Higher Secondary School</h1>
 Kallakurichi - Admission Form
 Please fill out all required fields (marked *)
</header>
<!-- Main Form -->
<main>
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<form id="admissionForm" novalidate>
<!-- Student Info -->
 <section class="card">
  <h2>Student Information</h2>
 <div class="grid">
   <div class="field">
    <label for="firstName">First Name *</label>
    <input id="firstName" name="firstName" type="text" required minlength="2" />
   </div>
   <div class="field">
    <label for="lastName">Last Name *</label>
    <input id="lastName" name="lastName" type="text" required minlength="2" />
   </div>
   <div class="field">
    <label for="dob">Date of Birth *</label>
    <input id="dob" name="dob" type="date" required />
   </div>
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<div class="field">
<label for="gender">Gender *</label>
<select id="gender" name="gender" required>
 <option value="" disabled selected>Select</option>
 <option>Female</option>
 <option>Male</option>
 <option>Other</option>
</select>
</div>
<div class="field">
<label for="classApplying">Applying for Class *</label>
<select id="classApplying" name="classApplying" required>
 <option value="" disabled selected>Select</option>
 <option>KG</option>
 <option>I</option><option>II</option>
 <option>IV</option><option>V</option><option>VI</option>
 <option>VII</option><option>IX</option><option>X</option>
 <option>XI</option><option>XII</option>
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</select>
  </div>
 </div>
</section>
<!-- Parent Info -->
<section class="card">
 <h2>Parent / Guardian Information</h2>
<div class="grid">
  <div class="field">
   <label for="fatherName">Father's/Guardian's Name *</label>
   <input id="fatherName" name="fatherName" type="text" required />
  </div>
  <div class="field">
   <label for="motherName">Mother's Name *</label>
   <input id="motherName" name="motherName" type="text" required />
  </div>
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<div class="field">
     <label for="phone">Contact Number *</label>
     <input id="phone" name="phone" type="tel" required pattern="^[6-9]\d{9}$" placeholder="10-
digit mobile" />
    </div>
    <div class="field">
     <label for="email">Email</label>
     <input id="email" name="email" type="email" placeholder="example@domain.com" />
    </div>
   </div>
  </section>
  <!-- Address -->
  <section class="card">
   <h2>Address</h2>
   <div class="grid">
    <div class="field field--full">
     <label for="address">Street Address *</label>
     <input id="address" name="address" type="text" required />
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</div>
  <div class="field">
   <label for="city">City *</label>
   <input id="city" name="city" type="text" value="Kallakurichi" required />
  </div>
  <div class="field">
   <label for="state">State *</label>
   <input id="state" name="state" type="text" value="Tamil Nadu" required />
  </div>
  <div class="field">
   <label for="pincode">Pincode *</label>
   <input id="pincode" name="pincode" type="text" required pattern="^\d{6}$" />
  </div>
 </div>
</section>
<!-- Declaration -->
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<section class="card">
  <h2>Declaration</h2>
  <label class="checkbox-row">
   <input id="consent" name="consent" type="checkbox" required />
   I hereby declare that the information provided is true and correct. *
  </label>
 </section>
 <!-- Buttons -->
 <div class="actions">
  <button type="reset" class="btn btn--ghost">Reset/button>
  <button type="submit" class="btn">Submit Application</button>
 </div>
</form>
<!-- Preview -->
<section id="preview" class="card preview" hidden>
 <h2>Application Preview</h2>
```

