ACT #13 Registration Form

New Attempt

Due No Due Date **Points** 30 **Submitting** a file upload **File Types** html

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ISCP Employee Registration Form

Basic information

First name: ex. Daiben
Last name: ex. Sanchez
Place of birth: ex. Santo Tomas, La Union
Birthdate: dd / mm / yyyy

Sample output (rest of the page kept hidden on purpose)

Instruction

Create a registration form.

Tools

Visual Studio Code

Description

1. Open VS Code.
2. Create a new .html file. Name your file **registration.html**.
3. Title the page **ISCP Employee Registration Form**
4. Create a heading **ISCP Employee Registration Form**
5. Below the heading, **add** (https://kodego.instructure.com/courses/379/pages/3-dot-1-html-tags-and-attributes) an **image of the ISCP logo** ↪ (https://upload.wikimedia.org/wikipedia/en/c/c9/Seal_of_the_International_State_College_of_the_Philippi .
   - Use **absolute** location.
6. Below the image, **embed** (https://kodego.instructure.com/courses/379/pages/3-dot-1-html-tags-and-attributes) the following **video** ↪ (https://www.youtube.com/watch?v=aCUhfPAyDHY) .
7. Below the video, create a form with the following fields separated by headings. Decide on the most appropriate input type for each. Don't worry about the design! You do not have to add validation to each input.
   - **Basic information**
     - First name
     - Last name
     - Place of birth
     - Birthdate
     - Civil status (single, married, widowed, separated)
     - Gender (male, female, other)
     - Mother's maiden name
     - Father's name
   - **Contact information**
     - Email address
     - Contact number (mobile)
     - Contact number (telephone)
   - **Address**
     - Street number
     - Street name
     - Barangay
     - City/Town
     - Province
     - Full address
   - **Government information**
     - SSS ID
     - Pag-Ibig ID
     - PhilHealth ID
     - Upload 2x2 picture
     - Upload picture of government ID

- **Account information**
  - Username
  - Password
  - Confirm password
  - Upload profile image
- **Have you experienced any of the following in the last 30 days?**
  - Coughing, Fever, Headache, Common cold, Body ache, Sore throat, Tiredness, Loss of smell
- **Give a short description about yourself.**

8. Make the placeholder text for each (where applicable) to be appropriate to the field.
9. Add a "Submit" button at the bottom of the page.
10. Submit your .html file here.