



Student Registration Form

Student Details :

First Name:	<input type="text"/>	Middle Name:	<input type="text"/>
Surname:	<input type="text"/>		
Date Of Birth:	<input type="text"/>	National ID:	<input type="text"/>
Passport Number:	<input type="text"/>		
Main Language:	<input type="text"/>	Email:	<input type="text"/>
Phone Number:	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Residential Address:	<input type="text"/>		

Parent or Guardian

First Name(s):	<input type="text"/>
Last Name(s):	<input type="text"/>
Residential Address:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Employer:	<input type="text"/>
Employer Contact:	<input type="text"/>