Form from Webinar with Sample Field Types

Student Information					
Student Name *					
First Name	Last Name				
Parent Name *					
First Name	Last Name				
	Last Name				
Home Address			Select a State \$		
Address1	Address2	City	State	Zip	
Parent Email *					
Home Telephone					
·					
Area Code Nu	ımber				
Grade in Fall (drop down))				
Please Select 💠					
Grade in Fall (list box)					
None					
k 1					
2					
Are you a member of my	school?				
	5611001.				
Program Information					
Which programs are you	interested in? (Check Box)			
-AM	•	'			
РМ					
Which programs are you	interested in? (radio butto	ins)			
□AM	,	,			
PM					
Please read the safety	guide and tuition paym	ents document.			
Parent Signature - I agre					
Turche Dignature Tugre	c to pay \$100.				
Parent Signature - I agre	e to pay \$100. (field) *				
Please Select \$	c to pay \$100. (field)				
	Name	Date (MM/DD/YYYY)			