


Sample Form Fields

The table below gives an example of each type of response type when creating Forms for an Event.

Type	Sample
Check Box	<p>3. Which swimming styles does your child know?</p> <p><input type="checkbox"/> Freestyle</p> <p><input type="checkbox"/> Backstroke</p> <p><input type="checkbox"/> Breaststroke</p> <p><input type="checkbox"/> Butterfly</p> <p><input type="checkbox"/> Floating</p> <p><input type="checkbox"/> Dog Paddle</p> <p><input type="checkbox"/> Sidestroke</p>
Date (Single)	<p>When was your child's last Tetanus shot?</p> <p><input type="text"/> </p>
Date (Multiple)	<p>Are there any dates where you could help with swimming?</p> <p><input type="text" value="21/4/2020,28/4/2020,5/5/2020"/></p>
Drop Down (Single)	<p>Rate your child's swimming ability*</p> <p><input type="text" value="Please select"/></p> <p><input type="text" value="Please select"/></p> <p>1. Can't swim</p> <p>2. Beginner</p> <p>3. Comfortable in water</p> <p>4. Swims like a fish.</p>
Drop Down (Multiple)	<p>11. Which swimming styles does your child know?</p> <p><input type="text" value="Freestyle x Backstroke x"/></p> <p><input type="text" value="Please select"/></p>
Emergency Contact Information (info will be prefilled and editable to the parent)	<p>Emergency Contact information *</p> <p>Contact Name <input type="text" value="Contact name"/></p> <p>Home Phone <input type="text" value="Home phone number"/></p> <p>Mobile Number <input type="text" value="Mobile number"/></p>

Type	Sample
File Upload	<p>10. Please upload any updated medical plans</p> <div> Drop files here </div>
Heading	
Parent Contact Information (info will be prefilled and editable by the parent)	<div> <div> Contact Name Sarah Citizen </div> <div> Email Address help@xuno.com.au </div> <div> Home Phone +61 3 8877 7644 </div> <div> Mobile Number +61 400 000 000 </div> <div> Street Address 1 Academic Place </div> <div> Suburb Melbourne </div> <div> Postcode 3000 </div> <div> State VIC </div> <div> Country Australia </div> </div>
Radio Button	<p>15. Rate your child's swimming ability</p> <p> <input type="radio"/> 1. Can't swim <input type="radio"/> 2. Beginner <input type="radio"/> 3. Comfortable in water <input type="radio"/> 4. Swims like a fish </p>
Sub-heading	
Student Contact Information (info will be prefilled and editable by the parent)	<p>1. Please check your child's contact details and make changes if necessary.</p> <div> <div> Contact Name Sarah Citizen </div> <div> Email Address help@xuno.com.au </div> <div> Home Phone +61 3 8877 7644 </div> <div> Mobile Number +61 400 000 000 </div> <div> Street Address 1 Academic Place </div> <div> Suburb Melbourne </div> <div> Postcode 3000 </div> <div> State VIC </div> <div> Country Australia </div> </div>

Type	Sample
Student medical information	<p>16. Student medical information</p> <p>No medical information recorded so far.</p> <p>Additional medical comments</p>
Time	<p>17. What time will you drop off your child?</p> <p><input type="text"/> <input type="button" value="⌚"/></p>
Text Area	<p>Any other information the school should know about your child's swimming ability?</p> <p></p>
Text Box	<p>Your child's favorite swimming style</p> <p></p>