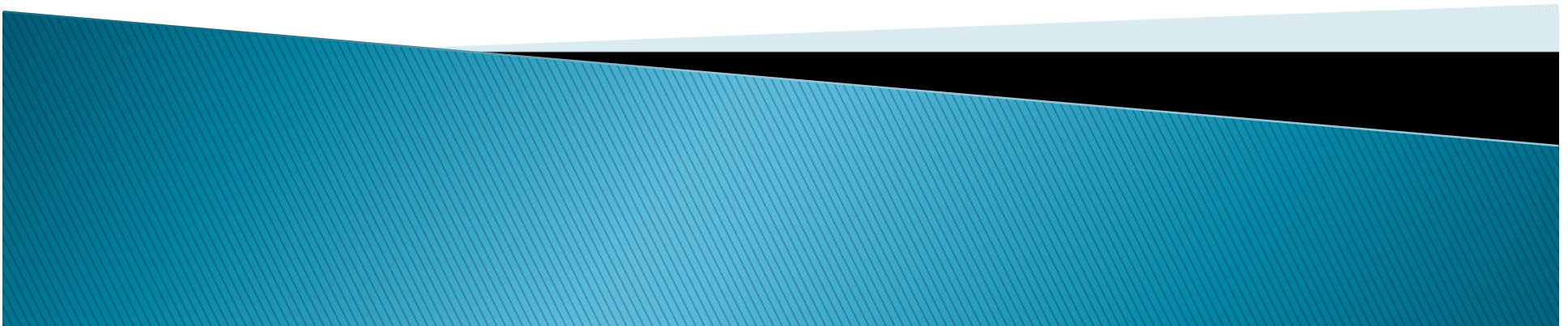


HTML Forms

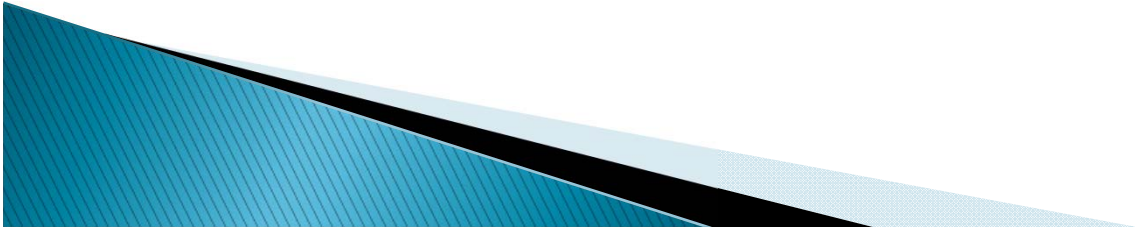
By Derek Peacock



HTML5 Form

```
<form id="ExampleForm" name="ExampleForm" method="post">  
  <fieldset>  
    <legend>Your Personal Details</legend>  
    <label for="ForenameTextBox">Forename:</label>  
    <input id="ForenameTextBox" name="ForenameTextBox" type="text" value="" />  
  </fieldset>  
</form>
```

- HTML
 - Pointer
 - Input (Button)
 - Input (Reset)
 - Input (Submit)
 - Input (Text)**
 - Input (File)
 - Input (Password)
 - Input (Checkbox)
 - Input (Radio)
 - Input (Hidden)
 - Textarea
 - Table
 - Image
 - Select
 - Horizontal Rule
 - Div
- General



Fieldsets

```
<form id="ExampleForm">  
  <fieldset>  
    <legend>Your Personal Details</legend>  
    <!--Field List Goes Here-->  
  </fieldset>  
  <fieldset>  
    <legend>Your Address Details</legend>  
    <!--Field List Goes Here-->  
  </fieldset>  
</form>
```

Design View

body

Your Personal Details

Your Address Details

Inserting TextFields

```
<p>
  <label for="ForenameTextBox">Forename:</label>
  <input id="ForenameTextBox"
    name="ForenameTextBox"
    type="text" maxlength="30" />
</p>
<p>
  <label for="SurnameTextBox">Surname:</label>
  <input id="SurnameTextBox"
    name="SurnameTextBox"
    type="text" maxlength="30" />
</p>
```

Your Personal Details

Forename:

Surname:

Input type=checkbox

```
<p>  
  <input id="NewsCheckbox" type="checkbox" checked="true" />  
  <label>Recieve News?</label>  
</p>  
<p>  
  <input id="UpdatesCheckbox" type="checkbox" checked="true" />  
  <label>Recieve Updates?</label>  
</p>
```

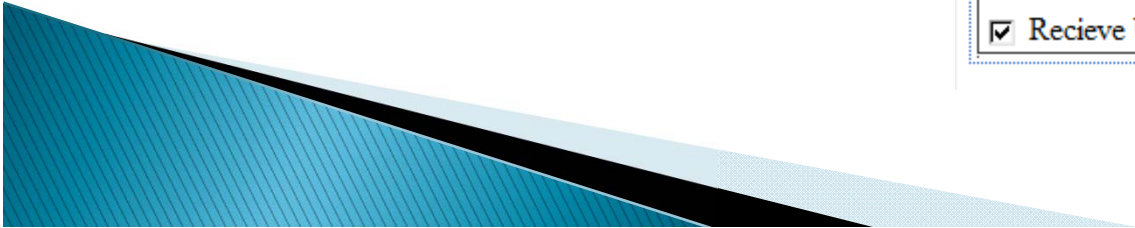
Your Personal Details _____

Forename:

Surname:

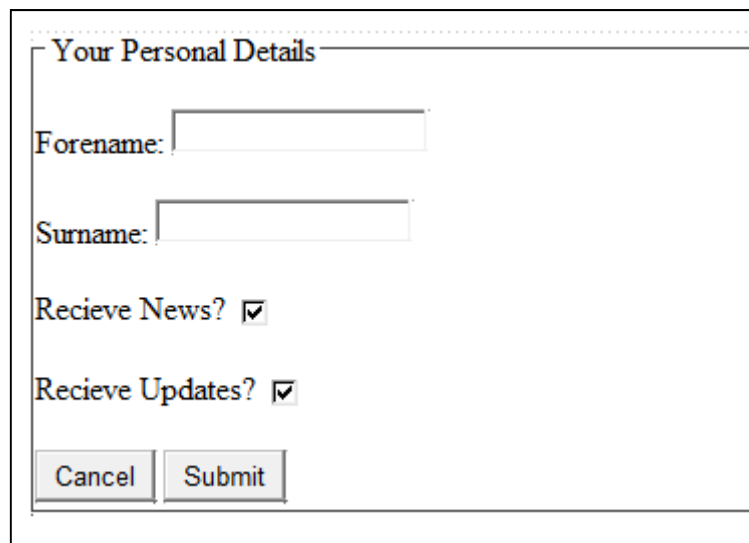
Recieve News?

Recieve Updates?



Form Buttons

```
<p>  
  <input id="CancelButton" type="button" value="Cancel" />  
  <input id="SubmitButton" type="submit" value="Submit" />  
</p>
```



Your Personal Details

Forename:

Surname:

Recieve News?

Recieve Updates?

Styling Forms

```
form
{
  background-color: #4cff00;
  margin: 10px;
  padding: 5px;
  width: 400px;
  border: thin solid #000000;
}
```

```
fieldset
{
  padding: 10px;
  margin: 5px;
  border: thin solid #666666;
  background-color: yellow;
}
```



Your Personal Details

Forename:

Surname:

Recieve News?

Recieve Updates?

Styling Forms (2)

```
[-] legend
{
  line-height:2.0em;
  background-color:■ aqua;
  font-size:1.2em;
  font-weight:200;
}

[-] label
{
  width:120px;
  display:inline-block;
}
```

```
input[type=button],
[-] input[type=submit]
{
  width:80px;
  line-height:1.6em;
  float:right;
}
```



Design & Browser View

Your Personal Details

Forename:

Surname:

Recieve News?

Recieve Updates?

Your Personal Details

Forename:

Surname:

Recieve News?

Recieve Updates?

HTML5 Form Validation

```
<p>
  <label for="FullNameTextBox">Full Name:</label>
  <input id="FullNameTextBox" type="text"
    required maxlength="10" />
  <span title="Required Field">*</span>
</p>
<p>
  <label for="EmailTextBox">Email Address:</label>
  <input id="EmailTextBox" type="email"
    placeholder="somename@provider.com" />
</p>
<p>
  <label>Web Site Url:</label>
  <input id="WebSiteTextBox" type="url" />
</p>
```



Dates & Numbers

```
<p>  
  <label>Date Uploaded:</label>  
  <input id="DateTextBox" type="date" />  
</p>  
<p>  
  <label>Year First Enrolled:</label>  
  <input id="YearTextBox" type="number"  
    min="2000" max="2013" value="2013" />  
</p>
```

Your Personal Details

Full Name: *

Email Address:

Web Site Url:

Date Uploaded: x [calendar icon] [dropdown arrow]

Year First Enrolled: [dropdown arrow]

Your Personal Details

Full Name: *

Email Address:

Web Site Url:

Date Uploaded: [calendar icon] [dropdown arrow]

Year First Enrolled: [dropdown arrow]

Other Validation

- ▶ Date, DateTime and Time
- ▶ Month and Week
- ▶ Tel
- ▶ Search, password, hidden
- ▶ DataList
- ▶ color, image
- ▶ Autofocus, Autocomplete
- ▶ File and multiple files
- ▶ Range, Patterns, Steps

