

APPLICATION FOR A STUDENT VISA

About you

First name	Last name (Family name)		
<input type="text"/>	<input type="text"/>		
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		
Date of birth	Month <input type="text"/> <input type="text"/>	Day <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/> Separated <input type="checkbox"/>
Nationality	<input type="text"/>		

Place of birth
Country <input type="text"/> Town / City <input type="text"/>

Contact details

Home address	Email address
<input type="text"/>	<input type="text"/>
<input type="text"/>	Phone number
<input type="text"/>	home <input type="text"/>
<input type="text"/>	cell phone <input type="text"/>
Passport / Identity card number	<input type="text"/>
Passport / Identity card number	<input type="text"/>
Signature	Date
<input type="text"/>	<input type="text"/>