

PERSONAL RECORD WORKSHEET

Full Name:

Age: Gender: Boy
Girl

Eye Colour:	Brown <input type="checkbox"/>	Black <input type="checkbox"/>
	Green <input type="checkbox"/>	Brown <input type="checkbox"/>
	Blue <input type="checkbox"/>	Blonde <input type="checkbox"/>
		Ginger <input type="checkbox"/>

No. of Brothers: No. of Sisters:

Design Database

Field Name	Type	Use a list of answers
1 Name	Letters	<input type="checkbox"/>
2 Animal Type	Letters	<input type="checkbox"/>
3	Letters	<input type="checkbox"/>
4	Letters	<input type="checkbox"/>
5	Letters	<input type="checkbox"/>
6	Letters	<input type="checkbox"/>
7	Letters	<input type="checkbox"/>
8	Letters	<input type="checkbox"/>
9	Letters	<input type="checkbox"/>
10	Letters	<input type="checkbox"/>
11	Letters	<input type="checkbox"/>
12	Letters	<input type="checkbox"/>

Buttons:

 OK  Cancel