Registration Form: Adapted Class 5 Practical Driving Program

Program Overview: Behind-the-wheel adaptive instruction and road safety training for Class 7 holders preparing for their Class 5 practical road test, incorporating sensory management and tailored coaching.

1. Student Information

Full Legal Name: _____

Preferred Name: _____

Date of Birth (MM/DD/YYYY): _____

Home Address: _____

Primary Phone: _____

Email Address: _____

2. Mandatory Licensing Prerequisites

Alberta Class 7 License Number:

_____

Class 7 License Expiry Date: _____

Date Class 7 Issued: _____

Attach a copy of the Class 7 License to this form



3. Parent / Guardian / Support Representative (If Applicable)

Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

4. In-Vehicle Learning Profile

Behind-the-Wheel Experience Level:

[ ] No prior driving experience

[ ] Under 10 hours of practical driving

[ ] 10 – 30 hours of practical driving

[ ] 30+ hours of practical driving

Sensory Triggers & In-Vehicle Accommodations: *(e.g., high traffic anxiety, weather sensitivity, visual spatial adjustments) Please list here. We will call to discuss further*

_____
_____
_____
_____
_____

Vehicle Modifications or Assistive Devices Required:

_____
_____
_____

5. Emergency Contact Details

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

6. Medical Self-Declaration & Consent

I verify that the student holds a valid Alberta Class 7 Learner's License and meets standard medical/vision requirements for driving in Alberta.

Signature: _____

Date: _____

Send your completed form to info@exceptionalabilities.ca