Registration Form: Adapted Class 7 Learner's License Program

Program Overview: Focuses on classroom and theoretical preparation for the Alberta Class 7 Learner's Knowledge Test, featuring modified materials, visual aids, tailored practice tests, and paced instruction.

1. Student Information

Full Legal Name: _____

Preferred Name: _____

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

Home Address: _____

Primary Phone: _____

Email Address: _____

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

Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

3. Learner Profile & Accommodations

Learning Considerations / Focus Areas: *(e.g., ADHD, Autism, Processing Speed, Test Anxiety, Visual/Reading Needs)*

Preferred Learning Formats: *(Check all that apply)*

[ ] Visual / Diagrammatic Explanations

[ ] Audio / Oral Reading Assistance

[ ] Interactive / Practice Test Sessions

[ ] Frequent Breaks & Pacing Adjustments

Class 7 Test History:

[ ] First time preparing for the test

[ ] Previous attempts made (Number of attempts: _____)

4. Emergency Contact Details

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

5. Sign-Off & Consent

By signing below, I confirm that the information provided is accurate and consent to enrollment in Exceptional Abilities' Adapted Class 7 Preparation Program.

Signature: _____

Date: _____

Send your completed form to info@exceptionalabilities.ca