

# AGAPE DRIVING SCHOOL, LLC



## Business Office

10 N. Calvert Street Suite #L100  
(Corner of Fayette Street - Equitable Building)  
**USE FAYETTE STREET ENTRANCE**  
Baltimore, Maryland 21202-8701

## Business Office Hours:

Monday through Friday (only)  
10 a.m. until 3:30 p.m.

Phone: 410-385-9666

Fax: 410-385-3128

## Classroom Location

119 E. Fayette Street  
(Outside Charles Center Metro-Calvert St Side)

Visit our website:

[www.agapedrivingschoolllc.com](http://www.agapedrivingschoolllc.com)

## OFFERING:

- 36-Hour MVA Approved Certificate Course  
(30 hours of Classroom Instruction, including the Drug and Alcohol Education Course + 6 hours Behind-the-Wheel Instruction)
- Additional Behind-the-Wheel Instruction at Reasonable Rates
- Use of Company Vehicle for Driver's Test for an Additional Charge
- Convenient & Secure Classroom Location-Across from the Mitchell Courthouse
- Courteous, Qualified, & Certified Instructors

**\*\*YOU MUST PRESENT VALID IDENTIFICATION (MD State ID or Learner's Permit) DURING REGISTRATION OR NO LATER THAN THE FIRST DAY OF CLASS\*\* Please Do Not Mail or Fax A Copy of Your ID**

Morning Classes - Monday through Friday  
10 a.m. to 1:15 p.m.  
(2 weeks)

Evening Classes - Monday through Friday  
6 p.m. to 9:15 p.m.  
(2 weeks)

Weekend Classes - Saturdays & Sundays  
2 p.m. to 5:15 p.m.  
(5 weeks)

**Tuition is refundable, but it will be prorated, accordingly.**

(Detach & Mail The Application)



Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **MD**

Apt: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Mo. Day Yr.

**(\$150.00 Deposit IS Required  
with this Application of which \$50.00 is  
non-refundable)**

Make Check/Money Order payable to:  
**AGAPÉ Driving School, LLC**

Payment: \_\_\_\_\_ Payment: \_\_\_\_\_  
Money Order Amount Check Amount

Credit Card: \_\_ Visa \_\_ MC \_\_ Am Ex \_\_ Discover

Credit Card#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Payment: \_\_\_\_\_  
Signature of **Credit Card Holder:**

## Mail To:

**AGAPÉ Driving School, LLC**  
**P.O. Box 23815**

**Baltimore, Maryland 21203-5815**  
**PLEASE INCLUDE PAYMENT**

**(DO NOT MAIL THIS APPLICATION TO  
THE CALVERT STREET ADDRESS!!!!!!)**

Session Requested:  
(Please Circle) Morning Evening Weekend

Date Session Begins: \_\_\_\_\_

**Classes are filled on a first-come,  
first served basis.**