

AGAPE DRIVING SCHOOL, LLC



Classroom Location

119 E. Fayette Street

(Outside Charles Center Metro-Calvert St Side)

Business Office

Located at:

10 N. Calvert Street Suite #L-100

(Corner of Fayette Street - Equitable Building)

Baltimore, Maryland 21202-8701

Business Office Hours:

Monday through Friday (only)

10 a.m. until 4 p.m.

Phone: 410-385-9666

Fax: 410-385-3128

Visit our website:

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 in Downtown Baltimore.

- Courteous, Qualified, Professional & Certified Instructors.

- Pay-as-You-Go...Open an Account TODAY!

****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 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: _____

Credit Card Payment Amount: _____
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.**