



**DREAMLIGHT  
HIGH SCHOOL**  
STRIVE FOR EXCELLENCE FROM SCRATCH TO FINISH

Address: 1626 W. Orange Blossom Trail#1053 Apopka, Florida 32712

**Office: (407) 850-8245; Mobile: (407) 415-5821; WhatsApp 24/7 (407) 468-2099**

**[www.dreamlighthighschool.com](http://www.dreamlighthighschool.com) Email: [info@dreamlighthighschool.com](mailto:info@dreamlighthighschool.com)**

**Automatic Tuition Payments Credit or Debit Card Form**

To pay by credit or debit card, please fill in the information below. If you have filled out a form previously, please do not send another Form. Print your name neatly please.

First \_\_\_\_\_ Middle initial \_\_\_\_\_ Last \_\_\_\_\_

Name of card holder: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date on Card: / /

3 Digit Code on Back of Card: \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address in case we have any questions \_\_\_\_\_

I wish to pay my monthly payment of \_\_\_\_\_ by credit or debit card.

Check One:

\_\_\_\_\_ 1st of each month \*

\_\_\_\_\_ 10th of each month \*

\_\_\_\_\_ 14th of each month \*

You will continue to receive a monthly statement for your record of payment. You may mail, email, or text this form back to 407-468-2099. Please do not send this form multiple times this may cause your card to be charged more than once. I do not expect it.

Note: *"Notification of Rights under FERPA (1974) must be acknowledged at Dreamlight High School before releasing student's information."* Email this form at [finance@dreamlighthighschool.com](mailto:finance@dreamlighthighschool.com)