



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

1626 West Orange Blossom Trail#1053 Apopka, Florida 32712

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**STUDENT INFORMATION SHEET**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: Male ( )                  Female ( )

Started date: \_\_\_\_\_

Graduation date: \_\_\_\_\_

Last four digit of your SSN: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Zip code: \_\_\_\_\_

“Notification of Rights *under FERPA (1974)* must be acknowledged at Dreamlight High School before releasing student’s information.” *Please complete this information form the way you would like your transcript and diploma to be printed. Return it as soon as you can. Email the form to [info@dreamlighthighschool.com](mailto:info@dreamlighthighschool.com)*