

FIORIELLO H. LAGUARDIA HIGH SCHOOL OF MUSIC & ART AND PERFORMING ARTS



Kim M. Bruno, Principal
Laura van Keulen, AP Data and Technology

STUDENT BIOGRAPHICAL CORRECTIONS

STUDENT NAME (as it presently appears): _____
Last First

9 Digit Osis: _____ D.O.B _____ Official Class _____

Please fill in the information below for only those items being corrected and/or changed.

Corrected Name: _____
Last First

Gender: M F (circle one)

Date of Birth: ____/____/____ (must provide copy of Birth Certificate)

Parent/Guardian: _____ Cell Phone: _____
Relationship

Parent/Guardian: _____ Cell Phone: _____
Relationship

Email: _____

Home Phone: _____

Emergency/Business Phone: _____

Address: _____
Number Street Apt. # Borough Zip Code

Authorized Signature: _____ Date: _____

- Acceptable proof of address:
- Utility bill (gas, electric, water)
 - Deed to a House
 - City Housing Authority or Human Resources Administration
 - Medical insurance cards
 - If subletting or sharing a living space with another family, an affidavit attached to the lease or deed from the leaseholder or homeowner.
 - In **addition**, a telephone bill would be useful as well.

PLEASE RETURN THIS FORM AND PROPER DOCUMENTATION TO: Ms. La Monica, Program Office
Room 201