



*Virtual Community
School of Ohio*

Transitional Living / Residency Declaration

I, _____, declare that I lack a fixed, regular or nighttime residence.

Please list the names of the children attending VCS whom this declaration affects.

Below is a mailing address where we can send and receive mail pertaining to each student's academics.

Address: _____

City: _____ Zip Code: _____

I have read this entire document and the information provided by me on this form is true and accurate.

Print Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Date