CHILD'S ATTORNEY *(Name and Address)*:	*FOR COURT USE ONLY*
TELEPHONE NO. *(Optional)*: FAX NO. *(Optional)*: E–MAIL ADDRESS *(Optional)*: CHILD'S NAME:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
LOCAL EDUCATIONAL AGENCY RESPONSE TO JV-530	CASE NUMBER:

This form must be returned to the court within 15 calendar days of receipt of form JV-530 with the records requested in that form for conducting a truancy mediation program or presenting evidence in a truancy petition.

1. Child's name:
2. Child's home address:
3. Child's school:
4. Child's school address:
5. School personnel contact *(name, title, and telephone no.)*:
6. The records, or copies of records, attached include *(check all that apply)*:
   a. ☐ Attendance records
   b. ☐ Documentation of excused absences
   c. ☐ Other documents relating to the truancy of the child *(specify)*:

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

(TITLE)

Form Adopted for Mandatory Use
Judicial Council of California
JV-531 [New July 1, 2002]

Education Code, § 49076(a)(10)

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