

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CHILD'S NAME: _____	
LOCAL EDUCATIONAL AGENCY RESPONSE TO JV-535—APPOINTMENT OF SURROGATE PARENT	CASE NUMBER: _____

This form must be completed and returned to the court at the address listed above within five business days of the date of the appointment, termination, or replacement of a surrogate parent, or within 30 days of receipt if no surrogate is appointed.

1. a. Child's or youth's school:
 b. Address of school:
 c. School personnel contact (*name, title, and telephone*):

2. a. Name of surrogate parent:
 b. Address:
 c. Telephone:
 d. Relationship to child or youth:

3. The appointed surrogate parent does not have a conflict of interest with the child or youth. (Welf. & Inst. Code, §§ 361, 726; 34 C.F.R. §§ 300.519, 303.422; Gov. Code, § 7579.5(i), (j).)

4. The appointed surrogate parent will represent the child or youth on educational issues as required by state and federal law.

5. The appointed surrogate parent agrees that this representation is continuous. If the surrogate parent is not able to represent the child's or youth's educational needs, the surrogate parent will inform the local educational agency.

6. The previous surrogate parent resigned or was terminated under section 7579.5(g) or (h) of the Government Code.
 - a. Name of previous surrogate parent:
 - b. Address:
 - c. Telephone:
 - d. Relationship to child or youth:

7. The local educational agency has not been able to appoint a surrogate parent within 30 days of receiving form JV-535 and is continuing to make reasonable efforts to identify and appoint a surrogate parent.

Date: _____

(TYPE OR PRINT NAME)

(LOCAL EDUCATIONAL AGENCY REPRESENTATIVE'S SIGNATURE)

(TITLE)