CHILD'S ATTORNEY *(Name and Address):*

TELEPHONE NO. *(Optional):* FAX NO. *(Optional):*

E–MAIL ADDRESS *(Optional):*

CHILD'S NAME:

**To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.**

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF**

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

CASE NUMBER:

# LOCAL EDUCATIONAL AGENCY RESPONSE TO JV-530

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)

**For your protection and privacy, please press the Clear This Form button after you have printed the form.**

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