

LOCAL EDUCATIONAL AGENCY REPRESENTATIVE <i>(Name and address):</i> TELEPHONE NO. <i>(Optional):</i> _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</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 seven calendar days of the date of the appointment, termination, or replacement of a surrogate parent.

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

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

3. The appointed surrogate parent does not have a conflict of interest with the child. (Welf. & Inst. Code, §§ 361, 726; 34 C.F.R. §§ 300.519, 303.19; Gov. Code, § 7579.1(i), (j).)

4. The appointed surrogate parent will represent the child 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 educational needs, the surrogate parent will inform the local education agency.

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

CHILD'S NAME: _____	CASE NUMBER: _____
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7. The local educational agency has not appointed an surrogate parent within 30 days as required by rule 5.650(d)(3).

Date:

(TYPE OR PRINT NAME)

(LOCAL EDUCATION AGENCY REPRESENTATIVE'S SIGNATURE)

(TITLE)