Application for Discount - Student and Non British Dependent

Name of person making application

Reference Number

Address

For council tax discount purposes the term student covers:

a) A person undertaking a full time course of education at a prescribed educational establishment (The student must be required to attend the course for periods of at least 24 weeks in the year and be required to study for at least 21 hours per week).

b) Young persons under the age of 20 who are not in full time education but are undertaking a qualifying course of education. (A qualifying course lasts at least three calendar months and is not a course of higher education and must require at least 12 hours per week to be spent on the course activities).

c) A foreign exchange student registered with the Central Bureau for Educational Visits and Exchanges

d) Student Nurses not an a full time course of education at college or university following a course leading to appropriate registration under the Nurses, Midwives and Health Visitors Act 1979.

A person who is the spouse or dependant of a student is disregarded for council tax purposes if the spouse or dependant is not a British citizen and is prevented by immigration regulations from taking paid employment or from claiming benefits whilst in the UK.

Please tick to confirm that you are enclosing proof of student status for all students and proof of conditions of residency in the UK for spouse and/or dependants.

We will not be able to process the application without this.

How many adults are resident in the property? ____

Please list the adults resident in the box below denoting whether student, spouse or dependant or other resident (Please continue on a separate sheet if necessary)

<table>
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<tr>
<th>Name of Resident</th>
<th>Students/Spouse/Dependant/Other</th>
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Declaration:
I declare that the information stated above is true to the best of my knowledge. I understand that I must contact the Revenues Section within 21 days if my circumstances change.

Signed............................................. Full Name.................................................................

Date...............................................Telephone Number........................................................