

## Council Tax Claim Form for a Student/School Leavers/YTS/Apprentices Discount.

Account Reference and Information:  
Full name and address of the person applying for this discount.

Name of taxpayer: \_\_\_\_\_

Address of Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Email address: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Total number of adult's resident in the property: \_\_\_\_\_

Student Course Information.  
List Below the names of persons to be disregarded: Please remember to enclose a certificate for each person.

Name of Student	Date of Birth	Course Start Date	Course Start End

Name and Address of each educational establishment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hours of daytime course attendance (excluding work experience):

\_\_\_\_\_

Are you a Student Nurse leading to registration under the Nurses, Midwives and Health Visitors Act 1979?

Yes No

Are you a Student Nurse not on the above course?

Yes No

Are you a Foreign Language Assistant who is registered with the British Council?

Yes No

The spouses and dependents of Students From abroad.

Are you living in the United Kingdom with someone from abroad who is a full-time student?

Yes No

Do you have a United Kingdom passport?

Yes No

Under the terms of your Visa are you prohibited from taking paid employment or from claiming benefits whilst in the United Kingdom?

Yes No

Please send us a copy of your passport which shows your visa.

School Leaver and Persons in respect of who Child Benefit is payable.  
Have you left school?

Yes No

What date did you finish school? \_\_\_\_\_

Are you still in receipt of child benefit book?

YTS and Apprentices.

Are you a Youth Training under 25 who are undertaking training under the Employment and Training Act 1973?

Yes No

Are you an apprentice who is employed for the purpose of learning a trade or qualification accredited by the qualification and Curriculum Authority?

Yes No

Do you earn less than £195 per week?

Yes No

**Declaration.**

I declare that the information given above is to the best of my knowledge true and accurate and the Council may verify this from the appropriate sources. I undertake to notify the Council as soon as these circumstances change, and I acknowledge that failure to do so could result in a penalty being imposed.

I understand that the information given on this form may be matched against data held by other.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**IMPORTANT NOTICE.** Payment of Council Tax must be made as shown on your bill until this application has been dealt with and you have been notified officially.