

COUNCIL TAX STUDENT DISCOUNT/EXEMPTION APPLICATION

This form must be printed out, completed and SIGNED for a discount to be awarded. It must then be posted to the address at the bottom of this page. Please see Guidance Notes overleaf.

COUNCIL TAX REFERENCE _____

NAME OF TAXPAYER _____

ADDRESS _____

NUMBER OF ADULTS (OVER 18) RESIDENT IN PROPERTY _____

How many of the adults in the property are Students? Please indicate below			
Full Time Student	__	Student Nurse	__
School/College Leaver	__	Still in receipt of Child Benefit	__
		Complete Section A	
		Complete Section B	

SECTION A* Persons to be disregarded

Full Name		
Date of Birth		
Name and address of Educational Establishment		
Student Registration No		
Course Start Date		
Course End Date (or expected date)		
Name of course		
Hours of study		

SECTION B** (Child Benefit/School/College Leavers only)

Full Name		
Date of Birth		
Name & address of educational establishment		
Date leaving/left		
Child Benefit No		

* An original or a verified copy of your Student Certificate is also required

** Confirmation of your Child Benefit Entitlement is also required

Declaration: I declare that the information given above is, to the best of my knowledge, true and accurate

Signed _____ Date _____

Return this form to: Exchequer and Support Services, Revenues Division, Council Offices, Wellington Road, Ashton-under-Lyne, OL6 6DL

Please note that a penalty may be imposed if you knowingly supply information which is false

