

# SOUTH GLOUCESTERSHIRE COUNCIL

Chief Executive and Corporate Resources Department, Revenue Services, PO Box 1953, Bristol, BS37 0DB  
TEL: 01454 868003 FAX: 01454 868420  
www.southglos.gov.uk

## COUNCIL TAX DISCOUNT APPLICATION FULL TIME STUDENTS IN HIGHER EDUCATION

FORM  
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If there is a full-time student resident in your property you may be entitled to a discount on the Council Tax charge provided there are no more than two resident adults living in the property who are not subject to a discount. Before filling in this form please read the notes overleaf.

### SECTION 1

APPLICANT'S NAME (must be a person liable to pay the Council Tax on the dwelling)	
BILLING NUMBER	ctrel
ADDRESS	
DAYTIME TELEPHONE NUMBER	
	POSTCODE

### SECTION 2

NUMBER OF RESIDENT ADULTS LIVING IN THE PROPERTY INCLUDING THE PERSON NAMED BELOW ( i.e. persons aged over 18)	
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### SECTION 3 - PLEASE ENTER THE STUDENT'S DETAILS BELOW IN INK AND CAPITALS

NAME		Student certificate enclosed?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(A certificate will have been issued automatically to students whose courses started in October 1992 or earlier - for courses started at a later date the college will issue a certificate on request). If for any reason the student is unable to obtain a certificate easily, please enter below details of the course being pursued and enclose alternative evidence of the student's status, or ask your educational establishment to complete the certificate overleaf.

NAME OF COLLEGE/UNIVERSITY			
TITLE OF COURSE			
DATE STARTED		DATE EXPECTED TO FINISH	
HOW MANY WEEKS, EACH YEAR, DOES THE COURSE LAST?			
HOW MANY HOURS, PER WEEK, ARE YOU REQUIRED TO STUDY?			

### SECTION 4 - DECLARATION BY APPLICANT

I declare that the information given on this form is true and accurate to the best of my knowledge and belief.

SIGNATURE OF APPLICANT	DATE	/	/
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**You must notify the Director of Corporate Resources immediately if you have any change in circumstances.**

**This form should be returned to the Council's offices at the address shown above.**

**ONLY TO BE COMPLETED IF STUDENT CERTIFICATE NOT ENCLOSED (SEE SECTION 3 OVERLEAF)**

**CERTIFICATE TO CONFIRM STUDENT STATUS**

To be completed by the Principal, Registrar or similarly authorised individual of the educational establishment concerned.

In accordance with Schedule 1 to The Local Government Finance Act 1992 I certify that:

NAME .....

ADDRESS .....

is enrolled for the purpose of attending a full-time course of further/higher education at:

.....

and that the course commenced on .....

and is expected to end on .....

SIGNED: ..... DATED: .....

**PLEASE PRINT OFFICIAL STAMP  
IN THE ADJOINING BOX**

**NOTES FOR APPLICANT**

1. You do not have to complete this form unless you wish to claim a discount but if you provide false information you may be subject to a penalty of £70 and prosecution under the Theft Act 1978.
2. Any information provided will be treated in the strictest confidence but may be stored on computer and is therefore subject to the provisions of the Data Protection Act 1984.
3. In accordance with Schedule 1 of The Local Government Finance Act 1992 students shall be disregarded when calculating the number of adults resident, if they are:

**A - UNDERTAKING A FULL TIME COURSE OF EDUCATION WHICH:**

- 1 - exists for at least one academic or calendar year
- 2 - requires attendance for a minimum of 24 weeks each year
- 3 - requires periods of study, tuition or work experience amounting to a minimum of 21 hours in each week of attendance

and

**B - ENROLLED WITH A PRESCRIBED EDUCATIONAL ESTABLISHMENT**

such as University, College, or any other institution in England or Wales, established solely or mainly for the purposes of providing courses of further or higher education.

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