

Revenues and Benefits Services

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COUNCIL TAX
DISCOUNT APPLICATION FOR A STUDENT

To be completed by your school/college/university if attending an establishment in the UK, unless you provide a copy of your Student Certificate

- 1. Name of Student _____
- 2. Name of the course _____
- 3. Start date of the course ____/____/____
- 4. Expected end date of the course ____/____/____
(Note this is the final date of the completion of the course)
- 5. Is the course provided in school/college/university or by correspondence _____
- 6. Does the course normally require the student to undertake periods of study, tuition or work placement which together amount to an average of at least 21 hours a week during each academic or calendar year? YES/NO
- 7. If the answer to Question 4 is NO, please state the total weekly hours of attendance (between 8.00am and 5.30pm) _____
- 8. Does the course run for at least one academic or calendar year? YES/NO
- 9. Is the student normally required by their school/college/university to undertake their course for periods of at least 24 weeks in each academic year or calendar year? YES/NO
- 10. Is the course in respect of Youth Training or an Apprenticeship? YES/NO
- 11. Is the course provided as a result of the students employment? YES/NO

Declaration

Signature of Course Tutor or Administrator _____

Name _____

Phone Number _____ Email address _____

Date ____/____/____