

**Council Tax  
Application to be Disregarded as a Student**

Account Ref \_\_\_\_\_

Property Ref \_\_\_\_\_

Name of Liable Person \_\_\_\_\_

Property Address \_\_\_\_\_

Daytime Tel. No. \_\_\_\_\_

Email Address \_\_\_\_\_

**Part A - To be completed by the educational establishment**

Name of the institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Tel. no. \_\_\_\_\_

Email Address \_\_\_\_\_

Full name of Student \_\_\_\_\_

Term time address \_\_\_\_\_

Exact date course started \_\_\_\_\_ Exact date course ends \_\_\_\_\_

**Qualifying conditions**

1. They are taking a specified course of education which lasts for at least 24 weeks each academic year and the periods of study, tuition or work experience average at least 21 hours in each of those weeks.
2. They are under 20 years of age and either meet the qualifying conditions above or they are taking a qualifying course of education which lasts for more than 3 months, the periods of study and tuition exceed 12 hours per week and are carried out between 8.00 am and 5.30 pm. The course is not being taken as a consequence of their employment neither is it a correspondence course.
3. They are registered with the British Council Scotland (Language Assistants) as a foreign language assistant and working as such an assistant at a school or other educational institution.

**I declare that the person named above is attending this Institution and they meet qualifying condition number \_\_\_\_\_ (please insert number from above list).**

Signed \_\_\_\_\_

Stamp of institution

Print name \_\_\_\_\_

Status \_\_\_\_\_

Date \_\_\_\_\_

**Part B – to be completed by the student**

Name of the course \_\_\_\_\_

Certificate or qualification studied for \_\_\_\_\_

I (name of student) \_\_\_\_\_ confirm that I am a student attending (educational establishment) \_\_\_\_\_. I meet the qualifying conditions described at number \_\_\_\_\_ (please insert number) overleaf.

**Please note that we may contact the educational establishment at intervals to check you remain registered on this course**

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Part C – to be completed by the liable person**

Please confirm the name and date of birth of each occupant at this address over 16 years of age:-

\_\_\_\_\_  
\_\_\_\_\_

I declare that the information on this application is correct. I will notify you immediately of any changes that might affect my Council Tax.

I understand that giving false information is an offence for which a penalty can be imposed and you may check the information with other sources as allowed by the law.

I understand that any information I have provided will be used in the administration of my Council Tax account. You may give information to other parties where the law allows this.

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

**Second Adult Rebate**

If you have another adult, other than a spouse or partner, residing with you who has a low income but does not qualify to be disregarded for Council Tax you may be entitled to a Second Adult Rebate. Your own income is not taken into account when deciding your entitlement.

If my application for a disregard is unsuccessful I would like to apply for a second adult rebate. Yes / No \* (\*delete as appropriate)

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

**For further information or advice please contact:**

Dumfries and Galloway Council, Communities Directorate, Revenue Services, Carruthers House, English St, Dumfries, DG1 2HP.  
Telephone number 030 33 33 3005 [www.dumgal.gov.uk/counciltax](http://www.dumgal.gov.uk/counciltax)

**Now hand this form into your nearest Council Customer Service Centre or post it to the address above**  
**Revised 01/12/2017 JG**