



To:
The College Office
Elizabeth College
St Peter Port
GY1 2PY

Application Form for a New Cashless Card/Spending Limit on a Card

Pupil Name: _____

Pupil Number: _____

I hereby give permission for my child to enrol in the Elizabeth College Cashless Payment Scheme.

- I wish to limit my child's daily spending to:
- (Please select **one** of the following options –
by way of example, a main course currently
costs £3.10.)*
- £5.00
- £6.00
- £7.00
- Unlimited

Signed: _____ (Parent/Guardian)

Date: _____

***PLEASE NOTE: YOUR SON WILL BE ISSUED WITH HIS REFECTORY CARD ONCE HIS ACCOUNT IS IN CREDIT.
YOU MUST ENSURE HIS ACCOUNT IS IN CREDIT PRIOR TO HIS DATE OF JOINING IF LUNCH IS REQUIRED
ON HIS FIRST DAY.***