



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:  £5.50  
*(Please select **one** of the following options –  
by way of example, a main course currently  
costs £3.10.)*  £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.***