



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.

Please select one of the following options:

I wish to limit my child's spend to £_____ per day

or

I do not wish to limit my child's daily spend

Signed: _____ (Parent/Guardian)

Date: _____