



# St John Vianney Catholic Primary School

Glastonbury Ave, Blackpool, Lancashire. FY1 6RD

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## DIOCESE OF LANCASTER ADMISSION TO BLACKPOOL CATHOLIC SCHOOLS SUPPLEMENTARY INFORMATION FORM 2025

If you are applying a place for your child in St John Vianney Catholic Primary School on faith grounds please complete this form **in addition** to the Common Application Form available online or issued by the Local Authority.

This supplementary information form will assist the Governors of the school in deciding whether your child qualifies for a place. Failure to complete the form may affect where your child is placed within the oversubscription criteria.

**This form must be completed by the parent/carer** and signed by a Priest or Minister of Religion, where necessary

### PART A (To be completed by applicant's parent or carer)

Name of child: \_\_\_\_\_

Name of parent: \_\_\_\_\_

Address of applicant  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What faith are you? \_\_\_\_\_

Do you live in either St John Vianney or the Parish of the Guardian Angels? Yes ☐ No ☐

Name the Parish/area of faith community in which you worship \_\_\_\_\_

If a **Roman Catholic**, is the child a baptised Catholic? Yes ☐ No ☐

**Please enclose a copy of Baptismal Certificate or details of place and date of baptism for verification.** Yes ☐ No ☐

If a **Roman Catholic pupil** - Practice or Worship attendance

How frequently do you and/or your child attend Mass at St John Vianney or the parish named above?

[tick one box only]

At least weekly ☐ fortnightly ☐ monthly ☐ once a year or less ☐

For how long has this been your practice? [tick one box only]

At least 3 years ☐ 2 years ☐ 1 year ☐ 6 months ☐

If **not a Roman Catholic**, do you wish your child to be educated within the aims and values of a Catholic school? Yes ☐ No ☐

### PART B (To be completed by a Priest) **Please take this form to the Priest in order to confirm this information.**

I can confirm the child was baptised at this church Yes ☐ No ☐ Date \_\_\_\_\_

I can confirm that the child/family worship as stated above Yes ☐ No ☐

Signed (Priest/Minister of Religion) \_\_\_\_\_

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

Address \_\_\_\_\_

Position held \_\_\_\_\_

**Please return this form to: St John Vianney Catholic Primary School by 15<sup>th</sup> January 2025**

