FORM F6 SCHOOL TRANSPORTATION INFORMATION FORM

COUNTY _____ DISTRICT _____

NAME OF PROJECT _____

DESIGN PROFESSIONAL OF RECORD _____ _____

_____ _____

_____ _____

PROJECT TYPE: New Construction☐ Addition☐ Renovation☐ Site Renovation☐

BUILDING TYPE: Elementary☐ Middle☐ Jr. High☐ High☐ CATE☐

Other _____

If Instructional Space: Initial Capacity_____ Estimated Max. Capacity_____

Grades Included_____

ESTIMATED MEANS OF STUDENT TRANSPORTATION:

Bus _____% Parents _____% Students' Car _____% Bicycle _____% Walk _____%

NUMBER OF PARKING SPACES REQUIRED

Physically Disabled _____ Visitors _____ Administrative/Faculty _____

Student Cars _____ Kitchen Employees _____ Custodians _____

VEHICAL AND BUS INFORMATION:

Maximum Cars Expected: Morning☐ Afternoon☐ Number _____

Maximum Buses Expected: Morning☐ Afternoon☐ Number _____

WILL BUSES BE PARKED ON SITE? No ☐ Yes ☐

IF THE ANSWER IS YES, ANSWER THE FOLLOWING SITE INFORMATION QUESTIONS

NUMBER OF BUSES Full Size _____ Mini Size _____

1. Number of school bus parking spaces provided on hard surface (space = 40' x 15'): _____
2. Is school bus parking facility access separated from other vehicle property access? No ☐ Yes ☐
3. Is the parking area adequately sloped to drain and allow safe parking and servicing of school buses? No ☐ Yes ☐
4. Is student walking, bicycle, and car traffic adequately separated from school bus parking facility? No ☐ Yes ☐
5. Is the school bus parking facility more than 50 feet from buildings & student play areas? No ☐ Yes ☐
6. Can the school bus parking facility be adequately secured? No ☐ Yes ☐
7. Does school bus traffic circulation and parking avoid buses having to back up? No ☐ Yes ☐

BY SUBMITTING THIS APPLICATION, THE DISTRICT CERTIFIES THAT IT HAS EVALUATED AND DEEMED THE PROPOSED PLAN TO COMPLY WITH TRANSPORTATION REGULATION 43-80L, PROVIDES FOR SAFE LOADING AND UNLOADING OF STUDENTS, AVOIDS VEHICULAR TRAFFIC, STUDENTS OR UNAUTHORIZED PERSONNEL IN OR AROUND PARKED BUSES DURING THE SCHOOL DAY AND IS IN COMPLIANCE WITH ALL SAFETY AND FIRE REGULATIONS.

REQUESTED BY:

District Representative

_____ _____ Date_____

(Print Name and Title) *(Signature)*

APPROVED BY DIRECTOR, OFFICE OF TRANSPORTATION:

_____ _____ Date_____

(Print Name) *(Signature)*

Submit one copy of this form to the
Director, Office of Transportation
1429 Senate Street, Columbia, SC 29201
Phone # (803) 734-8244, Fax # (803) 734-8254, or E-mail tcamp@ed.sc.gov.