FORM F6 PRELIMINARY INFORMATION FORM (Page 1 of 6)

SUBMIT ONE COPY OF THIS FORM TO DIRECTOR, OFFICE OF SCHOOL FACILITIES ALONG WITH SCHEMATIC PLAN SUBMITTAL

GENERAL INFORMATION DATE _____

PROJECT NAME_____

COUNTY _____ DISTRICT_____

SUPERINTENDENT _____

ARCHITECT _____

PLAN SUBMITTAL
Schematic ( )
Design Development ( )

PROJECT TYPE
Elementary ( )
Middle ( )
Junior High ( )
Senior High ( )
Vocational ( )
Other ( )

PROJECT DESCRIPTION
All new Construction ( )
Add. to Existing Building ( )
Alterations or Renovations ( )
If existing Building(s) involved, date of Construction_____

GRADE LEVEL OF SCHOOL _____

ENROLLMENT DATA
Building as Designed_____
Estimated Ultimate Size _____

LIST ANY CORE AREAS DESIGNED LARGE ENOUGH TO ACCOMMODATE THE ESTIMATE ULTIMATE SIZE (SUCH AS ADMINISTRATION, MEDIA CENTER, CAFETERIA, ETC.)

_____ _____ _____

_____ _____ _____

_____ _____ _____

SQUARE FOOT AREAS
1st FLOOR _____
2nd FLOOR _____
OTHER _____
TOTAL _____

ESTIMATED COST PER SQ. FT. $ _____

TOTAL ESTIMATED PROJECT COST $ _____

REMARKS:

SITE INFORMATION

SITE SIZE/ACRES _____

DATE OF SITE APPROVAL BY THE OSF _____

INDICATE AVAILABLE UTILITIES

Electricity _____ Gas _____ Telephone _____

Water (Desirable Source) _____

Sewage Disposal (Describe) _____

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_____

RELATIVE TO PARENTS' PICK-UP OF STUDENTS AFTER SCHOOL, HOW MANY CARS SHOULD BE ALLOWED FOR IN STACK-UP LANE? _____

WILL BUSES BE PARKED ON SITE? _____
IF YES GIVE NO. OF FULL SIZED BUSES_____
NUMBER OF MINI BUSES _____

NOTE: Site facilities for PE/Athletics are to be listed under that section.

GENERAL CLASSROOMS
ELEMENTARY SCHOOL
NUMBER OF CLASSROOMS FOR EACH GRADE
1ST GRADE _____ 4TH GRADE _____
2ND GRADE _____ 5TH GRADE _____
3RD GRADE _____ 6TH GRADE _____

SECONDARY SCHOOL
Number of General Classrooms _____

FORM F6 (Page 2 of 6)

ADMINISTRATION

NUMBER OF ASSISTANT PRINCIPALS _____

PERSONNEL IN ADMINISTRATIVE SUITE:
(In Addition to Principal or Assistant Principal)

Secretaries _____
Bookkeeper _____
Other _____
Other _____
Other _____

REMARKS:

GUIDANCE

ELEMENTARY SCHOOL — Is space provided for guidance counselors? _____

SECONDARY SCHOOL — Number of counselors that are required _____

Will future growth dictate additional counselors? _____

REMARKS:

KINDERGARTEN

TYPE OF KINDERGARTEN UNITS
Single-Session ( )
Double Session ( )

WILL KINDERGARTEN STUDENTS EAT IN CAFETERIA? _____

IS IT LIKELY THAT FUTURE GROWTH WILL DICTATE ADDITIONAL KINDERGARTEN UNITS?
_____

REMARKS:

GENERAL CLASSROOMS

ELEMENTARY SCHOOL — Number of Classrooms for each Grade:

1st Grade _____ 4th Grade _____
2nd Grade _____ 5th Grade _____
3rd Grade _____ 6th Grade _____

SPECIAL EDUCATION

TOTAL NUMBER OF SELF-CONTAINED CLASSROOMS _____

Indicate below the number of classrooms devoted **exclusively** for students with physical disabilities. (i.e., no "commingling").

EMH _____ PMH _____ LD _____ VH _____
TMH _____ EH _____ HH _____ OH _____

Indicate below the number of classrooms which will serve students with **more** than one physical disability.

NO. OF CR's NOTE VARIOUS CONDITIONS SERVED
_____
_____
_____

TOTAL NUMBER OF RESOURCE ROOMS
Indicate below the number of classrooms devoted **exclusively** for students with physical disabilities. (i.e. no commingling").

EMH _____ LD _____ VH _____
EH _____ HH _____ OH _____

Indicate below the number of classrooms which will serve students with **more** than one physical disability.

NO. OF CR's NOTE VARIOUS CONDITIONS SERVED
_____
_____
_____

TOTAL NUMBER OF ITINERANT PROGRAMS

Indicate below the number of classrooms devoted **exclusively** for students with physical disabilities. (i.e., no commingling).

EMH _____ LD. _____ VH _____ OH _____
EH _____ HH _____ Speech/Language _____
Psychological Testing and Vision/Hearing Screening _____

Indicate below the number of classrooms which will serve students with **more** than one physical disability.

NO. OF CR's NOTE VARIOUS CONDITIONS SERVED
_____
_____
_____

FORM F6 (Page 3 of 6)

MUSIC

ELEMENTARY SCHOOL

MUSIC TO BE TAUGHT IN: Separate Music Room ( ) General Classroom ( ) Other

MUSIC TO BE TAUGHT BY: Full-time Music Teacher ( ) Classroom Teacher ( ) Itinerate Music Teacher ( ) Other _____

DESCRIBE PROGRAM

SECONDARY SCHOOL

BAND/ORCHESTRA LOCATED IN: Band/Orchestra Room ( ) Other _____

CHORAL/VOCAL Choral/Vocal Room ( )

MAXIMUM NUMBER TO BE ACCOMMODATED Band _____ Orchestra Vocal _____

BAND/ORCHESTRA FLOOR: Flat ( ) Tiered ( )
VOCAL FACILITIES FLOOR: Flat ( ) Tiered ( )
Or Vocal will use folding risers ( )

DO YOU ANTICIPATE COMMUNITY USE OF THE MUSIC FACILITY? _____

_____

WILL RESTROOMS BE AVAILABLE FOR AFTER-HOURS USE BY BAND/VOCAL STUDENTS? ___

CHECK IF THE FOLLOWING WILL BE PROVIDED.

Office(s)	( )	Library	( )
Instrument Storage	( )	Uniform Storage	( )
Instrument Repair	( )	Robe Storage	( )
Practice Rooms	( )	Drinking Water	( )
Ensemble Rehearsal Room	( )		

WILL THE BAND HAVE A SUITABLE OUTSIDE PRACTICE AREA? _____

DESCRIBE PROGRAM

MEDIA CENTER

NUMBER OF VOLUMES TO BE HOUSED: Building as Designed _____ Are you allowing for future growth?_____If so, how many volumes?_____

NUMBER OF STUDENTS TO SEATED: At Tables _____ At Carrels _____ Lounge Furniture _____ Other _____

IS THE READING ROOM SIZED TO ACCOMMODATE ANY ESTIMATED ULTIMATE GROWTH?

_____

IS VIDEO TAPE RECORDING CAPABILITY TO BE INCLUDED?_____

REMARKS

ART

ART TO BE TAUGHT IN: Separate Art Room ( ) General Classroom ( ) Other _____

ART TO BE TAUGHT BY: Full-time Art Teacher ( ) Classroom Teacher ( ) Itinerant Art Teacher ( ) Other _____

IF SEPARATE ART ROOM, WILL IT BE SHARED WITH OTHER CURRICULA? _____
IF YES, DESCRIBE _____

DO YOU ANTICIPATE COMMUNITY USE OF THE ART FACILITY?_____

WILL OUTSIDE ART FACILITIES BE PROVIDED?

REMARKS

FORM F6 (Page 4 of 6)

P/E ATHLETICS

ELEMENTARY SCHOOL

WILL THERE BE AN INDOOR FACILITY? Yes ( )
(Such as Multipurpose Room or Gym) No ( )

NAME SPECIAL OUTDOOR FACILITIES
(Such as hard Surface Areas, Activity Field, etc.)

_____ _____
_____ _____

DO YOU ANTICIPATE COMMUNITY USE OF AN INDOOR FACILITY Yes ( ) No ( )

DESCRIBE PROGRAM

SECONDARY SCHOOL

GYMNASIUM

Number of Spectator Seats ___
Size of Basketball Court _____
Number of Cross Courts _____
Floor marked for what other games or activities? _____ ____
_____ ____
_____ ____

DRESSING ROOMS (Student Capacity)

Maximum Number at One Time

Boys' PE _____
Girls' PE _____
Varsity Football _____
JV Football _____
Other Boys' Varsity _____
Girls' Varsity _____
Other _____

ARE THE DRESSING ROOMS SIZED FOR ANY ESTIMATED GROWTH FACTOR? Yes _____
No _____

NUMBER OF PE TEACHERS
Men _____Women _____

NUMBER OF COACHES
(Include AD) Men _____ Women _____

NAME OF COMPETITIVE SPORTS:

Boys _____ Girls _____

_____ _____
_____ _____
_____ _____
_____ _____

DO YOU ANTICIPATE COMMUNITY USE OF THE GYMNASIUM? _____ OR OF THE DRESSING ROOMS? _____

REMARKS ABOUT PROGRAM OR INTERIOR FACILITIES

CHECK SITE FACILITIES TO BE PROVIDED:

Football Stadium _____
Running Track _____
Practice Football Field _____
Baseball Field _____
Softball Field _____
Soccer Field _____
Tennis _____
Band Practice Area _____
Public Concessions _____
Public Toilets _____
Other _____

IF A FOOTBALL STADIUM IS TO BE ON SITE, WILL A FIELD HOUSE BE PROVIDED FOR DRESSING? _____

OR WILL THE VISITING AND HOME TEAMS UTILIZE THE GYM DRESSING ROOMS? _____

DO YOU ANTICIPATE ANY ORGANIZED COMMUNITY USE OF THE SITE FACILITIES?

_____

REMARKS

FORM F6 (Page 5 of 6)

SCIENCE

INDICATE COURSE OFFERINGS
NUMBER OF SECTIONS

( ) 5th Grade Departmentalized Science _____
( ) 6th Grade Departmentalized Science _____
( ) 7th Grade General Science _____
( ) 7th Grade Life Science _____
( ) 8th Grade General Science _____
( ) 8th Grade Earth Science _____
( ) 9th Grade Physical Science _____
( ) 9th Grade General Science _____
( ) Biology I _____ ( ) Chemistry I _____
( ) Biology II _____ ( ) Chemistry II _____
( ) Physics _____
( ) Other (such as Honors Program, Astronomy, Marine Science, Environmental Education, etc):

_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

WILL STUDENTS BE CONDUCTING INDIVIDUAL RESEARCH PROJECTS? _____
_____

WILL ALL THE SCIENCE ROOMS BE COMBINED LAB/LECTURE TYPE ROOMS (whether "island" or perimeter-type lab layout)? _____
IF NO, PLEASE INDICATE EXCEPTIONS BELOW.

INDICATE UTILITIES INCLUDED IN LAB/LECTURE ROOMS

	Cold Water	( )	Electricity	( )
	Hot Water	( )	Gas	( )

TYPE OF GAS Natural ( ) Propane ( )

WILL A GREENHOUSE BE INCLUDED? _____

CAFETERIA

ESTIMATED PERCENTAGE OF ENROLLED STUDENTS THAT WILL EAT LUNCH IN THE CAFETERIA %
THIS TRANSLATES INTO _____ (NUMBER) STUDENTS.

WHAT IS THE MAXIMUM NUMBER TO BE SEATED AT LUNCH AT ANY ONE SITTING: _____

IS THE CAFETERIA TO BE USED FOR OTHER FUNCTIONS, SUCH AS ASSEMBLY AREA, ETC.? _____ IF SO, WHAT IS MAXIMUM NUM-NUMBER TO BE SEATED?

IS THE CAFETERIA SIZED TO ACCOMMODATE ANY ESTIMATED ULTIMATE GROWTH?

DO YOU ANTICIPATE COMMUNITY USE OF THE CAFETERIA?

REMARKS

KITCHEN

NO SPECIFIC INFORMATION ON THE KITCHEN AREA IS REQUIRED AS A PART OF THIS FORM.

However, there is a separate Program Data form prepared by the Office of School Food Services, South Carolina Department of Education, and it is recommended that the architect have this form completed by the school district, after which the architect should forward the form to the Office of School Food Services. That office will then consult with the districts' food service personnel after which specific recommendations will be made to the architect as to type of service, equipment list, general facilities, etc.

This correlation with the Office of School Food Services should take place before schematic or design development kitchen plans have been started.

The Facility Data Sheet may be obtained from the Office of School Food Services, 3710 Landmark Drive, Suite 300, Columbia, S.C. 29204; Phone 734-8188.

FORM F6 (Page 6 of 6)

VOCATIONAL

LIST OF VOCATIONAL SUBJECTS THAT WILL BE OFFERED FROM THE FOLLOWING GENERAL CATEGORIES.

AGRICULTURE

_____
_____
_____

BUSINESS EDUCATION (PERSONAL TYPING SHOULD
BE INCLUDED IN THIS CATEGORY)

_____
_____
_____

HEALTH OCCUPATIONS

_____
_____
_____

HOME ECONOMICS EDUCATION

_____
_____
_____

MARKETING & DISTRIBUTIVE EDUCATION

_____
_____
_____

INDUSTRIAL ARTS

_____
_____

TRADE & INDUSTRIAL EDUCATION

_____
_____
_____
_____
_____

REMARKS

BOOKROOM

SUMMER BOOK STORAGE	One Central Room	( )
	More Than One Room	( )
	Classrooms	( )
	Other _____	

NUMBER OF VOLUMES TO BE STORED	Building as designed _____ Are you allowing for future building additions? _____ If so, how many volumes? __

WILL THE BOOKROOM ALSO BE USED FOR OTHER PURPOSES, SUCH AS GENERAL STORAGE? _____

REMARKS

LOCKERS

SECONDARY SCHOOLS	Lockers will be in corridors or locker alcoves?_____

TYPE OF LOCKERS	Single-Tier	( )
	Double-Tier	( )

REMARKS

TOILET FACILITIES

NOTE: COMPLETE THIS SECTION ONLY IF THE PROJECT IS
ADDITION TO AN EXISTING BUILDING OR CONCERNS
ALTERATIONS/ RENOVATIONS TO AN EXISTING BUILDING.

FOR EXISTING BUILDING, STATE NUMBER OF CLASSROOMS WITH INDIVIDUAL TOILETS _____

STATE NUMBER OF FIXTURES IN GROUP TOILETS OF EXISTING BUILDING

Boys: Water Closets _____
Urinals _____

Lavatories _____

Girls: Water Closets: _____
Lavatories _____
REMARKS: