3 % INCREASE - BREAKFAST PARTICIPATION APPLICATION

District Number: _____

Return to GSNA by March 1, 2024.

School System's Name: _____

List any schools that have had a 3% increase in average breakfast participation during the dates shown. Use state end of year reports.

Please complete this form and return it to the **GSNA Headquarters by March 1, 2024.**

Form can be emailed to info@georgiaschoolnutrition.com or faxed to 770-934-8917.

(Forms MUST be SUBMITTED to GSNA and NOT placed in your scroll notebook.)

Full Name of School	Elementary, Middle or High school?	Average % of Participation October 2022	Average % of Participation October 2023

*** Complete form and return, only if your school(s) meet the 3 % increase criteria.**

The above information is true and correct to the best of my knowledge.

_____ _____

Signature of School Nutrition Director Date