CONSISTENTLY HIGH BREAKFAST PARTICIPATION APPLICATION

District Number	Return to GSNA by March 1, 2024		
School System's Name			
List any schools that had breakfast particip Cost Report: School Level)	pation of 50% or greater f	or the dates shown	. (Breakfast Participati
Breakfast - 50% or above			
Please complete this form and	return it to the GSNA	Headquarters b	y March 1, 2024.
Form can be emailed to inf (Forms MUST be SU	o@georgiaschoolnutrition BMITTED to GSNA and NOT pla		
Full Name of Schools	Elementary, Middle or High School?	Average % of Participation October 2022	Average % of Participation October 2023
* Complete form and return	, only listing the school	ol(s) that meet th	e above criteria.
The above information is true and correct	to the best of my knowled	ge.	
Signature of School Nutrition Director	·····	 Date	