3% INCREASE - LUNCH PARTICIPATION APPLICATION

District Number:	Return to	o GSNA by Mar	rch 1, 2024	
School System's Name: List any schools that have had a 3% increase in a	verage lunch partic	ipation. Use state end	of year reports.	
Please complete this form and return it to the GSNA Headquarters by March 1, 2024. Forms can be e-mailed 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 El	ementary, 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		