## **3 % INCREASE - BREAKFAST PARTICIPATION APPLICATION**

District Number:	Return to G	Return to GSNA by March 3, 2025.		
School System's Name:  List any schools that have had a 3% shown. Use state end of year reports  Please complete this form and	<b>.</b>			
Form can be emailed to info	@georgiaschoolnutrition. SUBMITTED to GSNA and NOT placed in		70-934-8917.	
Full Name of School	Elementary, Middle or High school?	Average % of Participation 22-23	Average % of Participation 23-24	
* Complete form and retur	n, <u>only</u> if your school(s) n	neet the 3 % increa	ase criteria.	
The above information is true and correc	t to the best of my knowledge			
Signature of School Nutrition Director		Date		