CONSISTENTLY HIGH LUNCH PARTICIPATION APPLICATION

District Number	Return to GSNA by March 3, 2025			
School System's Name				
List any schools that had participatio year report SLO 30.)	n averages a	s listed below, by scho	ool level for the date	s shown. (Use end of
High School - 70% or above	Middle S	School - 90% or above	Elementary Sc	hool - 95% or above
Please complete this form	m and <u>returi</u>	n it to the GSNA He	eadquarters by M	arch 3, 2025.
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 Schools		Elementary, Middle or High School?	Average % of Participation 22-23	Average % of Participation 23-24
* Complete form and	return, <u>onl</u> y	listing the school(s	s) that meet the al	bove criteria.
The above information is true and correct	t to the best o	f my knowledge.		
Signature of School Nutrition Director	or		 Date	