

CONSISTENTLY HIGH BREAKFAST PARTICIPATION APPLICATION

District Number _____

Return to GSNA by March 2, 2026

School System's Name _____

List any schools that had breakfast participation of 50% or greater for the dates shown. (Breakfast Participation and Cost Report: School Level)

Breakfast - 50% or above

Please complete this form and **return it to the GSNA Headquarters by March 2, 2026.**

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 23-24	Average % of Participation 24-25

*** Complete form and return, only listing the school(s) that meet the above criteria.**

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

Signature of School Nutrition Director

Date