



External Athletic Program Approval '23-'24

Name: _____ Date of Request: _____

Grade: _____ External Athletic Program: _____

EAP Quarter's Needed: 1 2 3 4

Do you compete on a BA athletic sport(s) team? _____

What Sport(s)? _____

Reason for needing EAP approval?

Coach Signature: _____

Parent Signature: _____

Athletic Director Signature: _____

Upper School Director Signature: _____

*** Once approved, students are not allowed to stay on campus after school.
Brentwood Academy is not responsible for students at the end of the academic day.**