

**River Trail Middle School**  
**-District Performance Evaluation-**  
**8<sup>th</sup> Grade Concert**

**5<sup>th</sup> Period, 8<sup>th</sup> Grade Concert Orchestra Only**

The annual District Large Group Performance Evaluation for the orchestra programs in Fulton County will be from March 13-14, 2025. Each performing group is evaluated and graded by a panel of judges. The event is held at North Atlanta High School. Students will take chartered buses from River Trail Middle School to North Atlanta High School to minimize time missed from school.

The **8<sup>th</sup> Grade Concert Orchestra** will perform on **Thursday, March 13, 2025**. Students will meet at River Trail Middle School at 2:05PM, leave on chartered buses shortly after, and will return approximately 8:35PM.

**8<sup>th</sup> Grade Concert Orchestra students will report to the cafeteria at 2:05PM.** Students will need to be dressed in the correct concert performance uniform, with their instrument, music, and other required equipment by the report time. Teachers will be notified in advance of your child's performance trip, however it is the **responsibility for students to arrange any missed work and tests or reschedule project due dates with teachers.**

**8<sup>th</sup> Grade Concert Orchestra Trip Itinerary**

2:05PM	Meet in the Orchestra Room and load up buses
6:00PM	Warm-up time at North Atlanta High School
6:30PM	Performance Adjudication
6:55PM	Sight-Reading
7:25PM	Leave North Atlanta High School
8:35PM	Return to River Trail Middle School

**The permission form is due Monday – February 24**

-Please do not detach this section from the form-

A copy of this form is on the RTMS orchestra website at: [www.rtmsorchestra.com](http://www.rtmsorchestra.com)

**Permission Form**

\_\_\_\_ I give permission for my child (first/last name) \_\_\_\_\_ to accompany his/her class on the above trip.

\_\_\_\_ I DO NOT give permission for my child \_\_\_\_\_ to accompany his/her class on the above trip. I understand he/he will be given class work to complete.

\_\_\_\_\_  
Parent Name (please print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*(Only complete the section below if you are interested in chaperoning the trip)*

**Parent Chaperones**

We will need parent chaperones to assist in monitoring and helping students during the trip. If you are interested in participating as a parent chaperone, please fill out the information below. Mr. Liu will contact parents shortly with further details about the trip and Fulton County School's Volunteer information.

\_\_\_\_\_  
Parent Name (print)

\_\_\_\_\_  
Parent Email or contact number