

## Your Cover Photo(s)



## About You

FIRST NAME (NAME AS LISTED ON PASSPORT)		Gioia Isabel	LAST NAME	Corona	
MIDDLE NAME		PREFERRED NAME			
GENDER	<input checked="" type="checkbox"/> F <input type="checkbox"/> M	BIRTH DATE	23 / Oct / 2007	HEIGHT	162 cm
CITIZENSHIP	Italy		COUNTRY OF LEGAL RESIDENCY Italy		
TAX PAYER'S CODE crngbl07r63b0681					

## Contact Information

HOME STREET ADDRESS		ADDRESS 2		4
CITY	STATE	OR	ZIP CODE	09170
PREFERRED PHONE NUMBER		3492545839	HOME PHONE NUMBER	3492545839
MOBILE PHONE NUMBER		3791774559		

If we want to mail you something, we should send it to:  The Home Address listed above  The Alternate Address listed below

EMAIL ADDRESS	gioiaisabel.corona@itlorenzomossa.edu.it	Parent/Guardian e-mail	gioiaisabel.corona@itlorenzomossa.edu.it
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## Religious Affiliation (optional)

WHAT IS YOUR RELIGION, IF ANY? Catholic

HOW OFTEN DO YOU PARTICIPATE IN STRUCTURED RELIGIOUS SERVICES? Occasionally

Bearing in mind that it is likely your host family will have different religious affiliation, how strongly do you feel about having access to structured religious services of your own faith?

Required

Not Necessary



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ID# 23-03730 Name: Sig.ra Gioia Isabel Corona

**AFS Application Form****About Your Family**

What is your family structure? I live in 2 different households

Parent or Guardian 1 <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other(describe)			<input checked="" type="checkbox"/> You live with this Parent/Guardian (I live only/mostly with this parent)
FIRST NAME Ludovica Isabella		LAST NAME Massidda	
OCCUPATION trainer in a gym		EMAIL ADDRESS ludovicamassidda@gmail.com	
WORK PHONE NUMBER 3492545839		MOBILE PHONE NUMBER 3492545839	
STREET ADDRESS Piazza Italia 14		ADDRESS 2 4	CITY Oristano STATE OR
ZIPCODE 09170	COUNTRY Italy		HOME PHONE 3492545839 HOME FAX

Does the parent have custody or visits rights?  Yes  No

Parent or Guardian 2 <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Other(describe)			<input checked="" type="checkbox"/> You live with this Parent/Guardian (I stay with this parent occasionally)
FIRST NAME Fabrizio		LAST NAME Corona	
OCCUPATION Barman		EMAIL ADDRESS corona77.fc@libero.it	
WORK PHONE NUMBER 3408744103		MOBILE PHONE NUMBER 3408744103	
STREET ADDRESS Via Sardegna 74		ADDRESS 2	CITY Oristano STATE OR
ZIPCODE 09170	COUNTRY		HOME PHONE 3408744103 HOME FAX

Does the parent have custody or visits rights?  Yes  No

Sibling Full Name		Relationship	Birth Date	Live At Home
Daniel Corona		<input checked="" type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Other:	Jun 25, 2011	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**AFS CONNECTIONS**

Has anyone in your family: (If yes, please describe who, the relationship, where and when.)

Hosted on AFS?  Yes  No

If yes, how? mia zia ha ospitato una ragazza tailandese di nome Ploy ad Oristano

Participated on an AFS program?  Yes  No

If yes, how?

Do you have relatives or close friends living abroad?  Yes  No

If yes, how?

Have you participated in any other exchange program, traveled abroad or lived in another country? Please provide details.

Detail : Ho viaggiato all'estero con la mia famiglia ma solo per vacanze



Connecting Lives, Sharing Cultures

ID# 23-03730 Name: Sig.ra Gioia Isabel Corona

## AFS Application Form

### Emergency Contact

If your Parent/Guardian cannot be reached, please indicate someone else in case of emergency:

NAME Antonio Massidda	RELATIONSHIP Grandfather
EMAIL ADDRESS fossafx@gmail.com	TELEPHONE NUMBER 330430098



## Health & Lifestyle

Do you have physical restrictions, impairments or allergies that will limit placement options or participation in everyday family and/or school activities?

No     Yes (describe)

Please check the appropriate boxes if you CANNOT live with:

CATS	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	Why?
DOGS	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	
OTHER	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	Which and why?

Do you have dietary restrictions (for medical or religious reasons)?       No     Yes (describe)

Do you smoke cigarettes?       Yes     No

If yes in smoking question, please understand that it is illegal in many countries for youth to purchase and/or smoke cigarettes. Additionally, most AFS host families will not accept a participant who smokes.       Yes     No

**Physician.** Complete and sign this form. The applicant's physician should not be related to the applicant. AFS is asking for this information to help us provide a safe and appropriate placement for the applicant. AFS reserves the right to ask for further information to determine if the applicant meets the program medical qualifications.

Gioia Isabel Corona	Italia	23/12/2023
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**Applicant and Parent/Guardian.** Both applicant and parent/guardian must sign this form. We are asking for you to provide us the information below to help us provide a safe and appropriate placement for you. Your host family and the hosting AFS organization will need to have a good understanding of your condition, if any.

## 1. Medical History

To be completed by physician. For Yes responses, please provide a detailed explanation here or attached in a separate report.

Name and Last Name	Home Country	
Gioia Isabel Corona	Italia	
Birthday (DD/MM/YY) 23/10/2007 23/10/2007	Height 161 cm	Weight 63 kg
ABNORMALITIES Do you note any abnormalities concerning height, weight (including substantial loss or gain in the past six months), blood pressure, pulse or respiration?	<input checked="" type="checkbox"/> No	
ALLERGIES	<input checked="" type="checkbox"/> No	
ASTHMA	<input checked="" type="checkbox"/> No	
DIABETES	<input checked="" type="checkbox"/> No	
ACNE	<input checked="" type="checkbox"/> No	
SEIZURE DISORDER	<input checked="" type="checkbox"/> No	
SURGICAL PROCEDURES	<input checked="" type="checkbox"/> No	
LIMITED OR RESTRICTED ACTIVITIES Are there any health limitations or restrictions on the applicant's activities and/or sports participation, or any medical information which should be considered for a home/school placement?	<input checked="" type="checkbox"/> No	
HOSPITALIZATION Has the candidate been hospitalized within the last two years?	<input checked="" type="checkbox"/> No	
DISEASE/CONDITIONS Has the applicant HAD any of the diseases/conditions listed below or any other significant medical background which may be important to providing a safe experience for the applicant?	Poliomyelitis Tuberculosis Other	<input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> NO NO



**Intercultura**  
Incontri che cambiano il mondo. Dal 1955

Via Gracco del Secco 100 – 53034 Colle di Val d’Elsa (SI)  
Tel 0577 900001 Fax 0577 920948  
[www.intercultura.it](http://www.intercultura.it) [concorso@intercultura.it](mailto:concorso@intercultura.it)

<b>DISEASE, IMPAIRMENT, OR ABNORMALITY</b> Has the applicant ever had any disease, impairment or abnormalities listed below. If yes, please explain.	Abdominal organs, digestive system	<input checked="" type="checkbox"/> NO	Bones, joints locomotor system	<input checked="" type="checkbox"/> NO
	Heart blood vessels	<input checked="" type="checkbox"/> NO	Blood, endocrine system	<input checked="" type="checkbox"/> YES
<b>NERVOUS, EMOTIONAL, PSYCHOLOGICAL, OR EATING DISORDER</b>	Lungs, respiratory system	<input checked="" type="checkbox"/> NO	Genito-urinary system	<input checked="" type="checkbox"/> NO
	Tonsils nose or throat	<input checked="" type="checkbox"/> NO	Eyes/vision, ear/hearing	<input checked="" type="checkbox"/> NO
If yes, give detailed information and dates (use extra pages if necessary):  subclinical hypothyroidism				
Has the applicant EVER consulted a neurologist, psychologist or any other specialist for a nervous, emotional or eating disorder?  <input checked="" type="checkbox"/> NO				
Is there a history of, or present evidence of, an emotional, nervous or eating disorder?  <input checked="" type="checkbox"/> NO				
If Yes to either specific question above, a FULL report by the specialist, including diagnosis, any medication taken, name, dosage & frequency, and treatment dates, and a statement by the candidate about the illness or specific problem must be attached in the AFS application;				
<b>CELIAC DISEASE</b> Does the applicant have celiac disease?	<input checked="" type="checkbox"/> NO	If yes, identify the medication, reason for usage, dosage and frequency		
If the applicant eats gluten, would it create a dangerous situation for his/her health?	<input checked="" type="checkbox"/> NO			
Has the applicant ever been hospitalized because of complications related to celiac disease?	<input checked="" type="checkbox"/> NO			
Will the applicant need to visit a doctor while on program to manage the condition?	<input checked="" type="checkbox"/> NO			
<b>ADDITIONAL MEDICATIONS</b> Is the applicant currently taking medication or injections (other than those mentioned previously)?	<input checked="" type="checkbox"/> NO	If yes, identify the medication, reason for usage, dosage and frequency:		

## 2. Immunizations

To be completed by physician. AFS recommends you discuss destination with the applicant to determine if additional immunizations are recommended.

The AFS office in the hosting country will notify the applicant of any additional immunizations required for entrance to the country and/or entrance to school.

Please specify exact day, month and year (DD/MM/YYYY) that the applicant had the following immunizations:

	DOSE 1 DATE	DOSE 2 DATE	DOSE 3 DATE	DOSE 4 DATE / INFO	DOSE 5 DATE
<input checked="" type="checkbox"/> Measles	26th February 2009	28th March 2013	2nd December 2021		
<input checked="" type="checkbox"/> Mumps	26th February 2009	28th March 2013	2nd December 2021		
<input checked="" type="checkbox"/> Rubella	26th February 2009	28th March 2013	2nd December 2021		
<input type="checkbox"/> Hepatitis A					
<input checked="" type="checkbox"/> Hepatitis B	7th February 2008	10th April 2008	6th November 2008		
<input checked="" type="checkbox"/> Diphtheria	7th February 2008	10th April 2008	6th November 2008	30th May 2013	24th September 2020
<input checked="" type="checkbox"/> Tetanus	7th February 2008	10th April 2008	6th November 2008	30th May 2013	24th September 2020
<input checked="" type="checkbox"/> Pertussis	7th February 2008	10th April 2008	6th November 2008	30th May 2013	24th September 2020
<input checked="" type="checkbox"/> Poliomyelitis	7th February 2008	10th April 2008	6th November 2008	30th May 2013	24th September 2020
<input checked="" type="checkbox"/> COVID-19	11th May 2021	20th September 2021	14th January 2022	Pfizer	
<input checked="" type="checkbox"/> Meningitis	14th May 2009	2nd December 2021			
<input type="checkbox"/> BCG					
<input checked="" type="checkbox"/> Varicella (Chicken Pox)	28th March 2013	2nd December 2021			
TB test	List type (mantoux / tine / other):		If TB Test was positive, was chest x-ray done? date:		

**Doctor Signature**

Dott.ssa Ferrari Simonetta  
Medico Chirurgo - C. R. 10442  
Via Univer'to, 141 - RIOLA SARDO (OR)  
Tel. 328.0978028

I, the undersigned, certify that a thorough physical examination of the candidate has been given and all important recent medical information has been included on the health certificate, that nothing relevant has been omitted, and that the candidate is able to travel. I understand that the omission of any information could be harmful to the candidate's health care and could result in early termination from the AFS program.



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Physician Name and Degree <b>FERRAI SINONETTA GP</b>	Signature 	Date
Address <b>VIA TUNCONA 29 ORISTANO (OR)</b>		<b>15/12/2023</b>

### Applicant and Parent/Guardian Signature

Your signature below attests that you understand and accept the AFS Medical Policies as stated on the Participation Agreement, that the information on the health certificate is correct and complete and that inaccurate or incomplete information could be harmful to the candidate's health care and could result in early termination from the AFS program.

Candidate Signature: 	Date <b>15/12/2023</b>
Parent/Legal Guardian Signature: 	Date <b>15/12/2023</b>



## Education

**SCHOOL NAME**

Istituto Scolastico Mossa

**SCHOOL STREET ADDRESS**

Via Enrico Carboni , 10

CITY Oristano	STATE OR	ZIP CODE 09170	COUNTRY Italy
PHONE NUMBER 0783 360024		EMAIL ADDRESS OR WEBSITE oris00600q@istruzione.it	
CURRENT GRADE/LEVEL 11		EXPECTED YEAR OF GRADUATION 2026	

What is your academic standing in the class?

## Language

What is your primary Language? Italian

Other languages	Year Studied	Speaking ability			
English	11	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Excellent
French	7	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Excellent
German	1	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Excellent
		<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
		<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

# Educational Background

ID# 23-03730 Name: Ms. Gioia Isabel Corona



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## 7a Academic Record / Transcript Of Grades

Student Name: Gioia Isabel Corona

AFS ID: 23-03730

Anticipated Month and Year of Graduation from Secondary School: June / 2026

THIS FORM SHOULD BE COMPLETED BY A SCHOOL OFFICIAL. Note: Please be sure that courses and grades from current and two previous years are included. If current grades are not available, please list current courses.

### School Information

School Name: Istituto Scolastico Mossa

Address: Via Enrico Carbone, 10

Telephone: 0783 360024

Email: oris00600q@istruzione.it

Name of Principal: MARILINA MELONI

Name of Exchange Coordinating Staff: ALICE COI

This school may be best described as the following (check all that apply)  Public  Private  University preparatory  Vocational  Other:

### Student Status

Student's current year in school: 11

Rank in class or other grouping: Not applicable for ITALY Current GPA/average grade: Not applicable for ITALY

If your school does not rank students numerically, indicate the student's standing in relation to others in the class:

Top quartile  2nd quartile  3rd quartile  Final quartile

By end of current school year student will have had 8 years of primary and 3 years of secondary schooling.

### Explanation of Grading System

Outstanding : 9/10 (rather unusual grades)

Very Good: 8

Good: 6/7

Average/fair: 5

Poor: 4

Failing: 2/3

### Language Proficiency

Foreign Language:

English	P	F	G	E
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Understanding conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other language	P	F	G	E
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proficiency (P = Poor, F = Fair, G = Good, E = Excellent)

### Student Advancement/attendance

Has the student missed or repeated a year or semester? No

If yes, indicate which year/semester and give reason.: -

Is there a history of frequent absences of two or more a month? No

If yes, attach an explanation.: -



IL DIRIGENTE SCOLASTICO  
Prof.ssa Marilina Meloni



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**7b Academic Record / Transcript Of Grades**

Student Name: Gioia Isabel Corona

AFS ID: 23-03730

Month and Year of Graduation: June / 2026

Attaching an official transcript is encouraged. In addition, please fill in the courses and grades below. A school official must certify that the grades below are correct by affixing a school seal or stamp and signing here.

Name: ALICE LAIDate: 11/12/2023

CURRENT ACADEMIC YEAR			
COURSES	FINAL GRADE	COURSES	FINAL GRADE
tedesco GERMAN	6	storia HISTORY	6
inglese ENGLISH	6	francese FRENCH	7
matematica MATHS	6	arte e territorio ART AND TERRITORY	6
religione RELIGION	8	discipline turistiche TOURIST DISCIPLINES	7
scienze motorie e sportive PE	7	geografia turistica GEOGRAPHY	7

PREVIOUS ACADEMIC YEAR		PRIOR ACADEMIC YEAR	
COURSES	FINAL GRADE	COURSES	FINAL GRADE
chimica CHEMISTRY	7	diritto ed economia RIGHT END ECONOMY	7
storia HISTORY	6	economia aziendale BUSINESS ADMINISTRATION	6
diritto RIGHT	7	educazione civica CIVIC EDUCATION	7
economia aziendale BUSINESS ADMINISTRATION	7	geografia GEOGRAPHY	8
educazione civica CIVIC EDUCATION	7	informatica COMPUTER SCIENCE	8
geografia GEOGRAPHY	7	italiano ITALIAN	6
informatica COMPUTER SCIENCE	8	inglese ENGLISH	6
italiano ITALIAN	7	matematica MATHS	6
inglese ENGLISH	6	religione RELIGION	10
matematica MATHS	6	fisica PHYSICS	7
religione RELIGION	10	scienze SCIENCE	6
scienze SCIENCES	7	scienze motorie e sportive P.E	9
scienze motorie e sportive P.E	10	francese FRENCH	6
francese FRENCH	7	storia HISTORY	7
comportamento BEHAVIOR	9	comportamento BEHAVIOR	9

**Students personality**

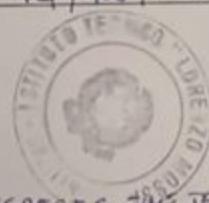
Please comment on the student's personality and motivation: GIOIA ISABEL CORONA IS A STUDENT ATTENDING THE 3<sup>TH</sup> CLASS OF THE TOURISM SPORTS COURSE, SHE WAS DIAGNOSED WITH DISLEXIA, BUT SHE HAS FOUND POSITIVE SOLUTIONS IN HER STUDYING METHOD. GIOIA IS A VERY POLITE AND RESPECTFUL GIRL. SHE WORKS DILIGENTLY BOTH AT SCHOOL AND AT HOME, ACHIEVING POSITIVE EVALUATIONS IN ALL SUBJECTS. SHE IS WELL INTEGRATED INTO THE CLASS, OF WHICH SHE HAS BEEN THE REPRESENTATIVE FOR 2 YEARS, AND PARTICIPATES IN ALL PROPOSED ACTIVITIES.

How long have you known the student? 2 yearsWriter's signature and title: TEACHER

Date: 14/12/2023

IL DIRIGENTE SCOLASTICO

Prof.ssa Marilina Meloni



\* SHE HAS A GOOD RELATIONSHIP WITH ALL HER CLASSMATES AND RESPECTS THE TEACHING STAFF AND SCHOOL COLLEAGUES. SHE ENJOYS FOREIGN LANGUAGES AND SPORTS SCIENCES. IN HER PERSONAL LIFE, SHE PLAYS VOLLEYBALL AND GOES TO THE GYM, AND SHE HAS A PASSION FOR PHOTOGRAPHY.

## Educational Background



### ENGLISH LANGUAGE RECOMMENDATION FORM

Student Name GIOIA J. CORONA

Name of instructor: Rosella Loccheddu School or Institute affiliated with: Ist. Tecnico "L. Mossa"

Length of time this student has been in your English class: 2 years

Average number of hours per week: 3

Please place a check mark next to the level which best describes this student's abilities in the following skill areas.

#### PART I : ORAL/AURAL

**Level 1:** Understands simple questions and statements regarding simple personal information such as age, nationality, family members, daily routines, etc. if spoken slowly and distinctly. Asks and answers simple questions and statements. However, vocabulary is inadequate to express anything but the most elementary needs. Errors in grammar and pronunciation are frequent.

**Level 2:** Understands, asks and answers most questions and statements. The student can get the main idea of most conversations at normal speed on familiar topics. Able to converse in most social situations on topics such as school, work, family, but without complete control of structure. Can understand and follow simple oral instruction given in a classroom setting.

**Level 3:** Understands most informal questions, statements and conversations at normal speed. Understands classroom lectures on familiar topics. Participates effectively in social conversations and classroom discussions making only occasional errors. Control of grammar is good and errors never interfere with ability to be understood. Can make 2-3 minute presentations on a pre-assigned topic in a classroom setting.

**Level 4:** Understands and participates effectively in any conversation with an advanced degree of fluency. Errors are rare and informal interpreting to and from the language can be handled. Understands classroom lectures at normal speed and takes notes effectively. Understands the main idea of news reports on television or radio. Can make presentations of 10-15 minutes.

**Level 5:** Speaking proficiency is near equivalent to that of a native speaker. Can give full presentations of varying lengths in a classroom setting and answer questions from the audience with ease. Can participate effectively in classroom debates.

#### PART II : READING

**Level 1:** Reads and understands short elementary level materials for non-native speakers of a narrative, descriptive, or process nature with a vocabulary of approximately 200 words.

**Level 2:** Reads and understands most narrative and descriptive texts of varying lengths. Reads and understands elementary expository writing such as short texts on science, history, current events; information from the Internet and short newspaper and magazine articles with frequent use of a bilingual dictionary.

**Level 3:** Reads and understands most expository materials and specialized materials with frequent use of a bilingual dictionary. Can read short stories with good comprehension of plot when given cultural explanations. Can read short magazine and newspaper articles.

Level 4: Reads and understands general expository material and specialized texts with use of an all-English dictionary. Can understand figurative language and recognize an author's purpose in writing. Can read all magazines and newspapers.

Level 5: Reads and understands general expository material from all sources, displays ability to extract salient elements and rarely needs a dictionary. Can read and analyze literature written in English (short stories, novels, plays, and poetry) in terms of plot, character, mood, setting, and theme.

### PART III: WRITING

Level 1: Writes statements and questions on simple personal topics such as age, nationality, family members, daily routines, etc. with minimum control of basic patterns.

✓ Level 2: Can write organized descriptive or narrative paragraphs and can produce short compositions (2-3 paragraphs) when given a model. Can write short letters to friends and fill out simple forms requesting personal information such as customs cards, hotel registration form, etc.

Level 3: Can write a 4-6-paragraph narrative, descriptive, or expository composition with good organization including introduction and conclusion and relatively few errors in structure and language use. Can write formal/business letters to request information, or respond to requests.

Level 4: Can write persuasive, argumentative, compare and contrast essays with only occasional errors and good control of organization. Can outline, draft and revise essays with minimal guidance.

Level 5: Can handle all forms of written expression. Writes with only occasional errors in idiom and demonstrates excellent control of organization.

### PART IV: WRITING SAMPLE

Please have the student write a short composition in response to ONE of the three questions below. Please ensure that the student writes this composition by him or herself without assistance from others. (A dictionary can be used) Student should attach an additional piece of paper. This composition must be written by hand and not typed.

1. Who has had the greatest influence on your life and your development? Why?
2. How do you think others will see you when you go away on your exchange? What prejudices do you think you will have to face?
3. In what way has Internet influenced your day to day life? Do you use e-mail to correspond or get in touch with friends? Are you a member of a Community

Rosella Zoccheddu  
Instructor Signature

Rosella Zoccheddu  
Print Name

13-12-2023  
Date

\*Please be advised that some high schools in the United States and other countries require that students submit their score on the ELTIS (English Language Test for International Students) Test in addition to this recommendation form.

Gioia Isabell Corona  
Student Signature

Gioia Isabell Corona  
Print Name

13/12/2023  
Date

① Who has had the greatest influence on your life and your development? Why?

The person who has had the biggest impact on me is my mom. She's been for me since day one, guiding me through life's best and worst moments. Always supporting me, teaching me important lessons, and encouraging me to be the best version of myself. Her love, care, and wisdom have built who I am today because her continuous guidance and support have laid the foundation for my growth and development. I'm forever grateful for her influence on my life.

## Letter to Host Family

Hello, my name is Gioia and I am 16 years old.

I live in a world where cultures intertwine and enrich each other. I have always been fascinated by the different traditions, languages, and stories that each culture brings. I am a curious and empathetic girl, always ready to listen and learn. My family would describe my personality as sweet, determined, and open. I am seen as an empathetic person who always tries to understand and support others. However, I also maintain a firm determination when it comes to achieving my goals and defending what I believe in. I am considered a reliable and caring member of the family, always ready to offer my help at any time. My friends see me as an approachable and engaging person, always willing to listen and be supportive. I am known for my friendly nature and the ability to bring joy and lightness to situations. However, I also maintain a strong and assertive side when it comes to defending what I believe is right or supporting those I love. In summary, both my family and friends would describe my personality as a combination of sweetness, determination, open-mindedness, and a strong sense of responsibility towards others. My family is a fundamental pillar in my life. We are very close-knit and support each other. The atmosphere at home is one of love, understanding, and support. We share joys and concerns, always supporting each other. My parents are my reference point; they encourage me to pursue my dreams and support me in my choices. As for my friends, I am fortunate to have strong and deep bonds. My circle of friends is diverse and inclusive. We are connected by mutual trust, support, and the fun we share together. We are there for each other at all times and support each other in life's challenges. I like to consider myself open to cultural diversity and new experiences. I always try to learn from the different perspectives that the world offers me, finding beauty and value in differences. This allows me to cultivate positive relationships and enrich my life by meeting new people and cultures. In conclusion, I feel fortunate for the support of my family and the affection of my friends. My sweet yet strong personality helps me navigate daily challenges with optimism and respect for others. So, I usually ask my parents for advice when I have school problems, like when I need help with difficult assignments. Sometimes I also ask them for advice on more personal matters, such as friendships or when I'm confused about certain emotional situations. It's nice to have someone older who can give me advice and help me better understand things! What's important to me is family, friends, and pursuing the passions that make me happy. I love cooking because I enjoy experimenting with different ingredients and creating delicious dishes that can make people around me smile. It's an amazing feeling to see others enjoy the food I've prepared with so much love and effort. I also really love children, even the little ones! I find their genuineness incredible and how they see the world in such a pure way. I have a lot of fun playing with them, listening to their stories, and learning new things together. Spending time with others is essential to me. I love spending time with friends and family, laughing, chatting, and experiencing new things together. The company of the people I love truly makes me happy. Volleyball is another passion of mine! I love the sport and the team, the healthy competition, and the connection that is created by playing together. It's fantastic to feel the adrenaline while playing and celebrate victories with the rest of the team. Lastly, photography is another thing that excites

me. I love capturing special moments and creating memories through images. I enjoy playing with light, colors, and angles to create unique photos that can tell stories visually. These things are important to me because they make me feel alive, happy, and they give me the opportunity to express myself in different ways. They are the passions that motivate me and give me energy every day! Living in a city different from my friends can be really frustrating sometimes. Not being able to be with them when I want can make days a bit harder. But you know what? I found a way to face this challenge! One of the things I did to overcome this situation was to travel to see them. Even though it's not always easy, I tried to plan trips during weekends or holidays to spend time with them. These trips became the perfect moment to have new experiences, discover different places, and, above all, strengthen the bond with my friends. Also, when I can't travel, I make sure to stay in touch with them through video calls, calls, messages, or social media. Even though it's not the same as being physically together, it still manages to keep our friendship alive and makes us feel closer, despite the distance. It's difficult, of course, but I've learned that with a bit of organization and constant communication, I can overcome the challenge of living far from my friends and continue to nurture our bonds. My goal is to immerse myself in the culture of the host country, make new friends, and learn the local language. I am studying English after school to improve my language skills. Before leaving, I am considering taking basic courses in the language of the host country to have a solid foundation. I hope to grow personally and linguistically during my stay abroad. I consider myself a rather attentive, active, and curious student. I really enjoy school and I am committed to my studies. I have always tried to maintain good grades and I have had the honor of being a class representative for two consecutive years, which was a nice recognition for me. As for courses, I am particularly passionate about law, geography, and physical education. Law fascinates me because I enjoy understanding how laws and the legal system work. Geography is fascinating because it allows me to learn about the world and its different cultures, landscapes, and populations. While physical education gives me the opportunity to stay active, which I believe is important for general health and well-being. Looking ahead, I am interested in continuing to delve into law or geography at university. I would like to explore careers related to these fields, perhaps as a lawyer or working in environmental or international cooperation. I hope to combine my passion for these topics with a career that gives me the opportunity to make a difference in the world.

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Gioia Isabel Corona



Connecting Lives, Sharing Cultures

ID# 23-03730 Name: Sig.ra Gioia Isabel Corona

## AFS Application Form

### Your Photos

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NAME : gioia foto per intercultura.pdf

DESCRIPTION :

## Parent's Statement

Ludovica Isabella Massidda & Fabrizio corona

Our daughter Gioia has a strong bond with the family. We have an open and mutually supportive relationship where there is space for communication and sharing. She is sociable and relates well to others. Her positive attitude allows her to easily make friends. She handles disagreements maturely, seeking peaceful solutions. She responds well to discipline, demonstrating responsibility and commitment to correcting mistakes. Enjoying a moderate level of independence, she is responsible and makes wise decisions. However, she still seeks guidance and support from her parents for important matters. She tackles challenging situations with maturity and is adept at finding solutions. She is committed to overcoming challenges and seeks support when necessary. She has handled separation situations well in the past, showing maturity and adaptability. She is aware of any dietary or physical limitations that may require attention in a new environment and is committed to communicating them. Gioia is a girl who always brings a smile, bringing light and warmth to the places and hearts of people who have had or will have the good fortune to know her.

Gioia Isabel Corona's parents.

Ludovica Isabella Massidda

Fabrizio Corona



## Parental Authorization Form

CANDIDATE NAME

GIORDA ISABEL CORONDO

HOME COUNTRY

ITALIA

## CONSENT

The candidate application, pages 1 to 11, is incorporated herein by reference and this consent form exclusively applies to the candidate application. I understand that my privacy is very important to AFS and that prior to participating in the inquiry application process in which any of my personal or sensitive information ("personal data") may be collected, AFS would like to inform me about its data protection and privacy policies and obtain my permission. I understand and accept that AFS may process the personal and sensitive information that I have provided here, and may transmit such data to third parties for any purpose reasonably required for the proper organization and fulfillment of the AFS inquiry application process and the AFS program. I understand that the data will not be sold or otherwise transferred to third parties for purpose. AFS will transfer and store personal data in central databases in at least two locations to ensure that the data is not lost. Currently those locations are in the United States of America and in Thailand. Those databases have a restrictive access and can only be accessed by AFS employees or volunteers, both of which will use the information exclusively for the management of the AFS program operations. By signing below, you explicitly acknowledge that AFS Intercultural Programs, Inc., its national and regional affiliates and Partner organizations (herein referred to as "AFS") are entitled to process the personal data being provided by me (including all sensitive personal data being provided) in the manner described above. You also acknowledge and confirm that all provided personal data is accurate and complete.

## PERMISSION TO USE PHOTOGRAPHS AND VIDEO FOOTAGE

We agree for photographs, recordings, film and video footage (the "Images") of our child that are taken during or in connection with program participation to be used by AFS in promotional AFS materials. Promotional materials may include for example brochures, press releases, social media campaigns, etc.. By checking the below boxes we grant to AFS the right to use, publish and/or reproduce the Images of our child in promotional materials, and use her/his name in connection with the Images.



Agree.

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND FOR RELEASE OF MEDICAL INFORMATION

Should any medical emergency arise, if time permits, AFS will communicate with us through the National Office and request permission for surgery or other necessary treatment; however, if in the sole judgment of AFS, time and circumstances do not permit communication with us, we authorize AFS to consent to medical treatment, the administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care and to make medical evacuation arrangements and transport, if required, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon.

We are aware that some local government or school authorities may require certain vaccinations in order for our child to participate in school or community responsibilities. We understand that we are responsible for any costs related to these requirements.

We hereby also authorize AFS, and/or its duly authorized medical consultant, to obtain all medical records relating to examinations or treatments for our son/daughter while on the program and any other information concerning such examinations or treatments.

## PERMISSION FOR SCHOOL SPONSORED ACTIVITIES (FOR SCHOOL-BASED PROGRAMS ONLY)

We authorize the AFS host parents for my son/daughter during his/her participation in the AFS program to execute any authorization required by our son/daughter's school for our son/daughter to participate in any school sponsored activities, events or programs.

## SCHOOL COMMITMENT (FOR SCHOOL-BASED PROGRAMS ONLY)

The student fully understands that this AFS program is school-based and family-oriented. The student intends to participate fully in school activities and to complete all assignments and schoolwork while on exchange. We understand that school is compulsory. If the student should neglect the above, AFS and/or the host school has the right to deny his/her participation in classes and s/he may be sent home.

CANDIDATE NAME

GIORDA ISABEL CORONDO

SIGNATURE

Giordi Isabel Corona

PARENT/GUARDIAN 1 NAME\*

LUDOVICA ISABELLA MASSIDIO

SIGNATURE

Ludovica Massidio

PARENT/GUARDIAN 2 NAME\*

FABRIZIO CORONDO

SIGNATURE

Fabrizio Cor

DATE

13/12/2023

PLACE

ORISTANO

\* Parent/Guardian signature is required for all secondary school programs and candidates not of legal age in the country of residence.



Connecting Lives, Sharing Cultures

ID# 23-03730 Name: Sig.ra Gioia Isabel Corona

## AFS Application Form

### Passport Information

NAME ON PASSPORT	PASSPORT NUMBER
PASSPORT ISSUE DATE	PASSPORT EXPIRATION DATE
PLACE OF ISSUE	REMINDER: The name you use in the application needs to be the exact same as in your passport.



## Anno precedente

Classe 1T  
TURISMOScrutinio Finale 2°  
Quadrimestre a.s. 21/22Torna ai  
documenti

## CORONA GIOIA ISABEL

Materia	Un	Recupero	Lieve Aiuto
DIRITTO ED ECONOMIA	7		
ECONOMIA AZIENDALE	6		
EDUCAZIONE CIVICA	7		
GEOGRAFIA	8		
INFORMATICA	8		
LINGUA E LETTERATURA ITALIANA	6		
LINGUA INGLESE	6		
MATEMATICA	6		
RELIGIONE CATTOLICA	0		
SCIENZE INTEGRATE (FISICA)	7		
SCIENZE INTEGRATE (SCIENZE DELLA TERRA E BIOLOGIA)	6		
SCIENZE MOTORIE E SPORTIVE	9		
SECONDA LINGUA COMUNITARIA (FRANCESE)	6		
STORIA	7		

COMPORTAMENTO: 10

ESITO ammesso alla classe  
successiva

MEDIA VOTI: 7.07

Hai bisogno di aiuto? / Consulta le Faq

Richiedi assistenza

Consigliaci un miglioramento



# Anno precedente

I.T. "L. MOSSA" GIOIA ISABEL CORONA

Classe 2T  
TURISTICO SPORTIVO

Scrutinio Finale 2°  
Quadrimestre a.s. 22/23

Torna ai  
documenti

## CORONA GIOIA ISABEL

Materia	Un	Recupero	Lieve Aiuto
SCIENZE INTEGRATE (CHIMICA)	7		
STORIA	6		
DIRITTO	7		
ECONOMIA AZIENDALE	7		
EDUCAZIONE CIVICA	7		
GEOGRAFIA	7		
INFORMATICA	8		
LINGUA E LETTERATURA ITALIANA	7		
LINGUA INGLESE	6		
MATEMATICA	6		
RELIGIONE CATTOLICA	0		
SCIENZE INTEGRATE (SCIENZE DELLA TERRA E BIOLOGIA)	7		
SCIENZE MOTORIE E SPORTIVE	10		
SECONDA LINGUA COMUNITARIA (FRANCESE)	7		

**COMPORTAMENTO:** 9

**ESITO** ammesso alla classe  
successiva

**MEDIA VOTI:** 7.21

Hai bisogno di aiuto? / Consulta le Faq

Richiedi assistenza

Consigliaci un miglioramento



## Confidential Placement Summary

ID# 23-03730 Name: Ms. Gioia Isabel Corona

### 1 ENVIRONMENTAL INFORMATION: CHECK BOX THAT BEST DESCRIBES CANDIDATE'S AREA OF RESIDENCE

- Urban     Suburban area     Small Town     Rural area

What is the neighborhood socio-economic level:     Upper     Medium     Lower

Cagliari  
Name of the closest large city

90km  
Distance

200.000  
Population

### 2 HOME ENVIRONMENT

Who lives at home?    Mother And Brother

Comment on any situation within the family which is important to know for placement purposes (e.g. if this is a single parent home, please talk about the child's other parent and the relationship.)

Divorced Parents, Father Agrees To His Daughter's Departure

Please comment on the cleanliness and organization of the home.

Very Clean.

Education level of parents:     Some secondary school     Completed secondary school     College     Graduate level

### 3 FAMILY COMMUNICATION/INTERESTS

Please check all that apply:

- |  |  |   |  |   |
|--|--|---|--|---|
| <input type="checkbox"/> Mother-dominant                           | <input type="checkbox"/> Permissive                      | <input type="checkbox"/> Noisy            | <input checked="" type="checkbox"/> Sports-oriented  | <input type="checkbox"/> Community-oriented             |
| <input type="checkbox"/> Father-dominant                           | <input type="checkbox"/> Strict                          | <input checked="" type="checkbox"/> Quiet | <input type="checkbox"/> Religious                   | <input checked="" type="checkbox"/> Individual pursuits |
| <input checked="" type="checkbox"/> Shared parental responsibility | <input checked="" type="checkbox"/> Children independent | <input type="checkbox"/> Casual           | <input checked="" type="checkbox"/> Education valued | <input type="checkbox"/> TV-centered                    |
| <input type="checkbox"/> Demonstrative                             | <input type="checkbox"/> Traditional                     | <input type="checkbox"/> Formal           | <input type="checkbox"/> Career-oriented             | <input type="checkbox"/> Arts                           |
| <input type="checkbox"/> Undemonstrative                           | <input type="checkbox"/> Protective                      | <input type="checkbox"/> Busy             | <input type="checkbox"/> Others(s)                   |   |

What are the family's shared activities?

sport

### 4 CANDIDATE PERSONALITY

Comment on the candidate's attitude towards school:

The candidate's school performance is average.

What are the candidate's main activities and how many times a week are they pursued?

go to the gym.

Please check all that apply:

- |  |   |   |   |  |
|--|---|---|---|--|
| <input type="checkbox"/> Introverted               | <input type="checkbox"/> Studious             | <input type="checkbox"/> Loner                  | <input checked="" type="checkbox"/> Talkative | <input type="checkbox"/> Patient             |
| <input checked="" type="checkbox"/> Group oriented | <input type="checkbox"/> Musical              | <input checked="" type="checkbox"/> Extroverted | <input checked="" type="checkbox"/> Flexible  | <input checked="" type="checkbox"/> Shy      |
| <input type="checkbox"/> Late night person         | <input type="checkbox"/> Moody                | <input checked="" type="checkbox"/> Independent | <input type="checkbox"/> Artistic             | <input type="checkbox"/> Fun-loving          |
| <input type="checkbox"/> Easy to please            | <input checked="" type="checkbox"/> Organized | <input type="checkbox"/> Early to bed           | <input checked="" type="checkbox"/> Leader    | <input type="checkbox"/> Computer interests  |
| <input type="checkbox"/> Reader                    | <input type="checkbox"/> Adventurous          | <input type="checkbox"/> Noisy                  | <input type="checkbox"/> Untidy               | <input type="checkbox"/> Individual pursuits |
| <input type="checkbox"/> Follower                  | <input type="checkbox"/> Service oriented     | <input type="checkbox"/> Religious              | <input type="checkbox"/> Humorous             | <input checked="" type="checkbox"/> Quiet    |
| <input type="checkbox"/> Listener                  | <input type="checkbox"/> Group activities     | <input type="checkbox"/> Eager to please        | <input type="checkbox"/> Dancer               |  |
| <input type="checkbox"/> Other                     |   |   |   |  |

### 5 PLACEMENT

Please check box of any candidate restrictions listed below:

- Dietary     Medical/allergies     Smoking     Religious access

Where a box has been checked please provide additional details:

Please comment on the type of placement that would assist the candidate to have a successful AFS experience:

Do the volunteers in your area support this candidate?     Yes     No

Was an in-home informational interview conducted with the candidate and family?     Yes     No    Date : \_\_\_\_\_

Other comments:

Nome, cognome volontario: ileana picconi monica mastino