

## Your Cover Photo(s)



## About You

FIRST NAME (NAME AS LISTED ON PASSPORT)		Giorgia		LAST NAME	Carini			
MIDDLE NAME		PREFERRED NAME						
GENDER	<input checked="" type="checkbox"/> F <input type="checkbox"/> M	BIRTH DATE	24 / Apr / 2007		HEIGHT	162 cm	WEIGHT	56 kg
CITIZENSHIP	Italy		COUNTRY OF LEGAL RESIDENCY					
TAX PAYER'S CODE		crngrg07d64g388c						

## Contact Information

HOME STREET ADDRESS		Via Degli Aceri 5			ADDRESS 2		
CITY	Marcignago	STATE	PV	ZIP CODE	27020	COUNTRY	Italia
PREFERRED PHONE NUMBER		3484101917		HOME PHONE NUMBER	3484101917	MOBILE PHONE NUMBER	
If we want to mail you something, we should send it to:				<input checked="" type="checkbox"/> The Home Address listed above		<input type="checkbox"/> The Alternate Address listed below	
EMAIL ADDRESS				Parent/Guardian e-mail			
giorgia.carini07@gmail.com				lelesd@libero.it			

## Religious Affiliation (optional)

WHAT IS YOUR RELIGION, IF ANY? non-religious

HOW OFTEN DO YOU PARTICIPATE IN STRUCTURED RELIGIOUS SERVICES? Never

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



## About Your Family

What is your family structure? I live with both my father and mother

Parent or Guardian 1			<input type="checkbox"/> Mother	<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Other(describe)	<input checked="" type="checkbox"/> You live with this Parent/Guardian
FIRST NAME Emanuele			LAST NAME Carini			
OCCUPATION imprenditore			EMAIL ADDRESS lelesd@libero.it			
WORK PHONE NUMBER			MOBILE PHONE NUMBER 3484101917			
STREET ADDRESS Via Degli Aceri 5		ADDRESS 2		CITY Marcignago	STATE PV	
ZIPCODE 27020	COUNTRY Italia		HOME PHONE 3484101917			HOME FAX

Parent or Guardian 2			<input checked="" type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other(describe)	<input checked="" type="checkbox"/> You live with this Parent/Guardian
FIRST NAME Myriam			LAST NAME Morales			
OCCUPATION imprenditrice			EMAIL ADDRESS myriamvioleta.m@gmail.com			
WORK PHONE NUMBER 3407951219			MOBILE PHONE NUMBER 3407951219			
STREET ADDRESS Via Degli Aceri 5		ADDRESS 2		CITY Marcignago	STATE PV	
ZIPCODE 27020	COUNTRY Italia		HOME PHONE 3484101917			HOME FAX

Sibling Full Name		Relationship			Birth Date	Live At Home
Sofia Carini		<input type="checkbox"/> Brother	<input checked="" type="checkbox"/> Sister	<input type="checkbox"/> Other:	Dec 07, 2002	<input type="checkbox"/> Yes <input checked="" 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?

Participated on an AFS program?  Yes  No

If yes, how? My sister did an exchange year in Canada in 2019/20

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

If yes, how? My relatives on my mom's side live in Cile.

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

Detail : I've never participated in any other exchange program and I've never lived abroad, but I've travelled with my family to Hungary, Germany, Spain, France, Cile, Portugal, and the United States



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ID# 23-02975 Name: Sig.ra Giorgia Carini

## AFS Application Form

### Emergency Contact

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

NAME	Sofia Carini	RELATIONSHIP	Other
EMAIL ADDRESS	soficarini2002@gmail.com	TELEPHONE NUMBER	3519339764



## 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



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)

**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.

Giorgia Carini	Italy	24/04/2007
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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
Giorgia Carini		Italy
Birthdate (DD/MM/YY) 24/04/2007		Height 162 cm
Weight 56 kg		
<b>ABNORMALITIES</b>		
Do you note any abnormalities concerning height, weight (including substantial loss or gain in the past six months), blood pressure, pulse or respiration?		
NO		
<b>ALLERGIES</b>		
NO		
<b>ASTHMA</b>		
NO		
<b>DIABETES</b>		
NO		
<b>ACNE</b>		
NO		
<b>SEIZURE DISORDER</b>		
NO		
<b>SURGICAL PROCEDURES</b>		
NO		
<b>LIMITED OR RESTRICTED ACTIVITIES</b>		
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?		
NO		
<b>HOSPITALIZATION</b>		
Has the candidate been hospitalized within the last two years?		
NO		
<b>DISEASE/CONDITIONS</b>		
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		NO
Tuberculosis		NO
Other		NO

<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	NO	Bones, joints locomotor system	NO
	Heart blood vessels	NO	Blood, endocrine system	NO
	Lungs, respiratory system	NO	Genito-urinary system	NO
	Tonsils nose or throat	NO	Eyes/vision, ear/hearing	NO
<b>NERVOUS, EMOTIONAL, PSYCHOLOGICAL, OR EATING DISORDER</b>	Has the applicant EVER consulted a neurologist, psychologist or any other specialist for a nervous, emotional or eating disorder?			
	NO			
	Is there a history of, or present evidence of, an emotional, nervous or eating disorder?			
	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?	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?	NO			
Has the applicant ever been hospitalized because of complications related to celiac disease?	NO			
Will the applicant need to visit a doctor while on program to manage the condition?	NO			
<b>ADDITIONAL MEDICATIONS</b> Is the applicant currently taking medication or injections (other than those mentioned previously)?	NO	If yes, identify the medication, reason for usage, dosage and frequency:		

Dr. RICHICHI GIUSEPPE CARMINE  
 Cod. Rep. 33199  
 PAVIA - S.GENESIO ED U. TORRE D'ISOLA  
 Tel. 0384/34.847.21

23.11.23

## 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 5 DATE
	DOSE 1 DATE	DOSE 2 DATE	DOSE 3 DATE	DOSE 4 DATE / INFO	DOSE 5 DATE
<input checked="" type="checkbox"/> Measles	3rd June 2008	6th February 2013			
<input checked="" type="checkbox"/> Mumps	3rd June 2008	6th February 2013			
<input checked="" type="checkbox"/> Rubella	3rd June 2008	6th February 2013			
<input type="checkbox"/> Hepatitis A					
<input checked="" type="checkbox"/> Hepatitis B	26th June 2007	21st August 2007	7th March 2008		
<input checked="" type="checkbox"/> Diphtheria	26th June 2007	21st August 2007	7th March 2008	6th February 2013	
<input checked="" type="checkbox"/> Tetanus	26th June 2007	21st August 2007	7th March 2008	6th February 2013	14th September 2023
<input checked="" type="checkbox"/> Pertussis	26th June 2007	21st August 2007	7th March 2008	6th February 2013	
<input checked="" type="checkbox"/> Poliomyelitis	26th June 2007	21st August 2007	7th March 2008	6th February 2013	
<input checked="" type="checkbox"/> COVID-19	24th June 2021	3rd August 2021	24th January 2022	pfizer	
<input type="checkbox"/> Meningitis					
<input type="checkbox"/> BCG					
<input type="checkbox"/> Varicella (Chicken Pox)					
TB test	List type (mantoux / tine / other):		If TB Test was positive, was chest x-ray done? date:		

**Doctor Signature** Dr. RICHICHI GIUSEPPE CARMINE

Col. Reg. 33199  
Pavia - SICENZIO EDU. - TORRE D'ISOLA  
Tel. 0347/5194721

23/11/23

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 RICCHI GIUSEPPE CARMINA medicine and surgery	Signature
Address strada privata ubicini 2, Pavia	Date 23/11/23

**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 23/11/23
Parent/Legal Guardian Signature: 	Date 23/11/23



## Education

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**SCHOOL NAME**

Istituto Scolastico Cairoli

**SCHOOL STREET ADDRESS**

Corso Mazzini, 7

CITY Pavia	STATE PV	ZIP CODE 27100	COUNTRY Italy
PHONE NUMBER 0382 24794		EMAIL ADDRESS OR WEBSITE pvp01000a@istruzione.it	
CURRENT GRADE/LEVEL 11		EXPECTED YEAR OF GRADUATION 2026	

What is your academic standing in the class?

## Language

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What is your primary Language? Italian

Other languages	Year Studied	Speaking ability			
Spanish	16	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Excellent
English	11	<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
		<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

## Educational Background



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## 7b Academic Record / Transcript Of Grades

Student Name: Giorgia Carlini

AFS ID: 23-02975

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: Bruna Soares

Date: 30/11/23

## Students personality

Please comment on the student's personality and motivation: Giorgia is a disciplined and serious student. She is diligent during lessons: she always takes notes and listens carefully to whatever I explain. She is always ready for oral and written tests and her results are extraordinary. She is highly motivated and extremely clever. She focuses on everything she believes in and I think that she will achieve great results in her future!

How long have you known the student? I have known Giorgsa for 4 months

Writer's signature and title: Mr. Cefunus ENGLISH TEACHER Date: 30/11/2023

\* art history  
civics

7  
n/d





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## 7a Academic Record / Transcript Of Grades

Student Name: Giorgia Carini

AFS ID: 23-02975

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 Cairoli

Address: Corso Mazzini, 7

Telephone: 0382 24794

Email: pypm01000a@istruzione.it

Name of Principal: BRUNA SPAIRANI

Name of Exchange Coordinating Staff: DANIELE ACUZIO

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 5 years of primary and 6 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: Spanish

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 checked="" type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Understanding conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: -

BRUNA SPAIRANI  
Giorgia Carini  
Istituto Scolastico Cairoli

## Educational Background



### ENGLISH LANGUAGE RECOMMENDATION FORM

Student Name GIORGIA CARINI

Name of instructor: ESTER GURNARI School or Institute affiliated with: ISTITUTO "CAINOLI" (PV)

Length of time this student has been in your English class: 3 MONTHS

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.

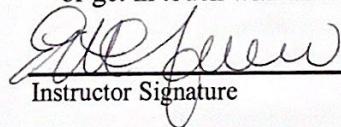
**Level 4:** Can write persuasive, argumentative, compare and contrast essays with only occasional errors and good control of organization. Can outline, draft and revise essays with minimal guidance.

**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.

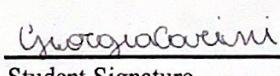
1. Who has had the greatest influence on your life and your development? Why?
2. How do you think others will see you when you go away on your exchange? What prejudices do you think you will have to face?
3. In what way has Internet influenced your day to day life? Do you use e-mail to correspond or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

  
Instructor Signature

ESTER GUNNAR  
Print Name

30/11/2023  
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.

  
Student Signature

GIORGIA CARINI  
Print Name

30/11/23  
Date

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

I think the person who has had the greatest influence on my life and my development is my sister. She is five years older than me, so since I was a kid I've ~~taken~~ <sup>taken</sup> her as an example ~~from~~ and I always reach out to her for help.

She has taught so much stuff to me and I know I can rely on her if I need to.

Even the idea of doing an exchange year started ~~because~~ <sup>with</sup> her; because ~~she~~ when I was in the sixth grade she was doing all of procedures to go on her exchange and I was so excited to also leave for a year abroad. I remember crying when she departed, and the fact that after years of waiting it's finally my turn does not feel real.

left

## Letter to Host Family

Dear host family,

My name is Giorgia, I live in northern Italy and I can't wait to leave for my exchange! I've always wanted to do it and I'm so happy the time is finally coming!

I'm fully aware that exchange programs can be difficult, but I know that these hard times will help me grow up a lot.

I'm so excited to live in another culture and to learn new things during this year. On top of that, this experience could be useful to learn a new language or to improve one that I already know.

But let me introduce me and my family better: I'm 16 years old and I live with my parents, who are 48 and 50. They are named Emanuele and Myriam. My mom is actually from Chile so I speak spanish fluently. I also have a sister, Sofia, but she lives in another city due to university.

I asked my best friend of 16 years to describe my personality for you and she said that I'm curious, funny, energetic and always open to new experiences. She also said that I'm a little stubborn and sensitive but don't worry, she's wrong!

I get along really well with them and we all support each other in every situation. I'm very independent, but when I need help I can rely on them and they'll always help me. They are almost as excited as I am!

We also have three dogs: I really like pets and animals.

Actually, I like a lot of things, but I'll try to only say the most relevant.

I've been playing volleyball for 7 years now and I absolutely love it. I made a big friend group with my teammates and we often hang out together. It would be really nice to play it during my exchange, but a good alternative to it would be beach volley, because I also love going to the beach! I love the sea and the ocean so much that my grandma used to call me mermaid or "pesciolino" that means "little fish" in Italian. I would be so excited to do any sea activity, especially surf, even if I've never tried it before.

I also love travelling and I'm always down for any trip. My latest birthday gift was a four days stay in Budapest!

Here in Italy I attend high school, and after that I'd like to study biomedical engineering. I study subjects like law, economy, psychology and Spanish; but my favorite one is Maths, for sure. I have excellent grades, and I study a lot to achieve them, but I also love to have fun! I often go out with my friends around the city and we also like to go to parties together.

I don't think there are any other important things to say in this letter, so I hope I've made a good impression on you and I wish you all a good day.

Best regards,

Giorgia



## Your Photos



NAME : corfu mamm.jpg

DESCRIPTION : me and my mom in Greece this summer



NAME : polaroid.jpg

DESCRIPTION : me with some of my friends

## Your Photos



NAME : corfu.jpg

DESCRIPTION : me and my best friend in greece



NAME : partita.jpg

DESCRIPTION : Me and my teammates during a match last year (I'm the one passing the ball)

## Your Photos



NAME : partita cev.jpg

DESCRIPTION : Latest volleyball match I attended!



NAME : lago.jpg

DESCRIPTION : My mom, my dad and my sister with our three dogs

## Your Photos



NAME : ape.jpg

DESCRIPTION : I love hanging out with my friends!



NAME : grest.jpg

DESCRIPTION : I really enjoy spending time with kids, so during summer I go to a summer camp to take care of them

## Parent's Statement

Dear Host Family,

First of all we would like to thank you for the opportunity you're giving to our daughter.

We'll try to describe Giorgia, even if it's not easy for parents to say they know a teenager very well.

Within the family she is always polite and collaborative, she keeps her bedroom clean and tidy, and helps to set and clear the table.

She is very responsible, self-confident and a perfectionist. When she has to face difficult situations she doesn't give up, but instead she works hard until she solves the problem.

Giorgia is a student with high grades in every school subject: every day she organizes her study time very well. She's independent and doesn't need any help for school homework and for studying.

She loves playing volleyball: she practices three times a week with her volleyball team and on the weekends she usually has volleyball matches against other teams.

In her spare time she likes cooking, going to parties, and watching professional volleyball matches. She often hangs out with her friend group, and sometimes she invites them to our house to spend time together. When she meets with her friends we are always calm because we know that she likes to have fun but without crossing some limits and doing dangerous things.

During the summer she likes going to the beach to sunbathe and swimming in the sea or in public pools.

She loves traveling: she would like to go everywhere in the world! She is always ready to take off to visit other cities, try different food and know different cultures.

She has already gone on holiday without us in the past and she has never had any problem.

She's not very talkative at first, but once you get to know her she opens up a lot. After some months that you'll have known Giorgia we would be glad to speak with you to have feedback about our daughter's description.

# Parental Authorization



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## AFS Application Form

### Parental Authorization Form

CANDIDATE NAME

Carini Giorgia

HOME COUNTRY  
Italy

#### 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	Carini Giorgia	SIGNATURE	Giorgia Carini
PARENT/GUARDIAN 1 NAME*	Carini Emanuele	SIGNATURE	EC
PARENT/GUARDIAN 2 NAME*	Morales Myriam	SIGNATURE	Myriam Morales
DATE	4/12/23	PLACE	Pavia

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



## Passport Information

NAME ON PASSPORT	Giorgia Carini	PASSPORT NUMBER	YB5284351
PASSPORT ISSUE DATE	14 / Aug / 2019	PASSPORT EXPIRATION DATE	14 / Aug / 2024
PLACE OF ISSUE	Pavia	REMINDER: The name you use in the application needs to be the exact same as in your passport.	

Have you ever travelled to the US on a F-1 or J-1 Visa?

Yes  No



# Ministero dell'Istruzione

Istituzione scolastica	<b>ISTITUTO MAGISTRALE STATALE A. CAIROLI PAVIA (PV)</b>
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Scuola Secondaria di Secondo Grado	<b>PVPM01000A Corso Mazzini, 7 27100 PAVIA (PV)</b>
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## Pagella Scolastica

<b>Dati anagrafici dello studente</b>		
<u>CARINI</u> COGNOME	<u>GIORGIA</u> NOME	<u>CRNNGRG07D64G388C</u> CODICE FISCALE
<u>24/04/2007</u> DATA DI NASCITA	<u>PAVIA</u> COMUNE DI NASCITA	<u>PV</u> PROV. O STATO ESTERO

<b>Posizione scolastica dello studente</b>	<b>Anno Scolastico 2022/2023</b>
N. REGISTRO GEN. <u>2</u> CLASSE <u>ASE</u> SEZIONE	QUESTO ISTITUTO <u>PROVENIENZA</u>
TITOLO DI AMMISSIONE (1)	
<u>SCIENZE UMANE-ECON</u> INDIRIZZO	ISCRIZIONE PER LA <u>1</u> VOLTA (2)
	<u>ILARIA SOMASCHI</u>
	Il Dir. Serv. Gen. e Amm. (3)

PAVIA, 14/06/2023

Prof.ssa BRUNA SPAIRANI

Il Dirigente Scolastico (3)

**CARINI** **GIORGIA** **CRNGRG07D64G388C** **PVPM01000A** **2022/2023**  
COGNOME NOME CODICE FISCALE CODICE ISTITUTO ANNO SCOLASTICO

## **ANNOTAZIONI (4)**

PAVIA, 14/06/2023

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Il (i) genitore (i) o chi ne fa le veci

Prof.ssa BRUNA SPAIRANI  
Il Dirigente Scolastico (3)

**CARINI** **GIORGIA** **CRNRRG07D64G388C** **PVPM01000A** **2022/2023**  
**COGNOME** **NOME** **CODICE FISCALE** **CODICE ISTITUTO** **ANNO SCOLASTICO**

## **ANNOTAZIONI (4)**

PAVIA, 14/06/2023

Il (i) genitore (i) o chi ne fa le veci

Prof.ssa BRUNA SPAIRANI

### Il Dirigente Scolastico (3)

<b>CARINI</b> COGNOME	<b>GIORGIA</b> NOME	<b>CRNGRG07D64G388C</b> CODICE FISCALE	<b>PVPM01000A</b> CODICE ISTITUTO	<b>2022/2023</b> ANNO SCOLASTICO
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**VALIDITÀ DELL'ANNO SCOLASTICO**  
**(Art. 14, comma 7 del D.P.R. n. 122/2009)**

Ai fini della validità dell'anno e dell'ammissione allo scrutinio finale, l'alunno/a\*:

- ha frequentato per almeno tre quarti dell'orario annuale;
- non ha frequentato per almeno tre quarti dell'orario annuale, ma ha usufruito della deroga;
- non ha frequentato per almeno tre quarti dell'orario annuale.

**RISULTATO FINALE**

**Visti i risultati conseguiti si dichiara che**

**l'alunno/a è stato/a Ammessa . (7)**

PAVIA, 14/06/2023

Il (i) genitore (i) o chi ne fa le veci

Prof.ssa BRUNA SPAIRANI

Il Dirigente Scolastico (3)

- 
- (1) PROMOZIONE; IDONEITA'; QUALIFICA; Idoneità all'ultima classe a seguito di esito positivo dell'esame preliminare e mancato superamento esami di Stato.
- (2) PRIMA; SECONDA; TERZA.
- (3) La firma è omessa ai sensi dell'Art. 3, D.to Lgs. 12/02/1993, n. 39.
- (4) "Il riquadro può essere utilizzato anche:
  - per l'annotazione delle materie Art. 4, comma 6 del D.P.R. 122/2009;
  - per l'annotazione prevista dall'Art. 9, comma 1 del D.P.R. 122/2009;
  - per eventuali altre annotazioni o indicazione di rilascio di certificazione".
- (5) Per le classi terminali indicare: ammesso/a agli esami – non ammesso/a agli esami.
- (6) Solo per esami di qualifica professionale.
- (7) promosso/a – non promosso/a.  
Per le classi terminali indicare: ammesso/a – non ammesso/a.



# Ministero dell'Istruzione

Istituzione scolastica	<b>ISTITUTO MAGISTRALE STATALE A. CAIROLI PAVIA (PV)</b>
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Scuola Secondaria di Secondo Grado	<b>PVPM01000A Corso Mazzini, 7 27100 PAVIA (PV)</b>
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## Pagella Scolastica

<b>Dati anagrafici dello studente</b>		
<u><b>CARINI</b></u> COGNOME	<u><b>GIORGIA</b></u> NOME	<u><b>CRNNGRG07D64G388C</b></u> CODICE FISCALE
<u><b>24/04/2007</b></u> DATA DI NASCITA	<u><b>PAVIA</b></u> COMUNE DI NASCITA	<u><b>PV</b></u> PROV. O STATO ESTERO

<b>Posizione scolastica dello studente</b>	<b>Anno Scolastico 2021/2022</b>
0 N. REGISTRO GEN.	1 CLASSE ASE PROVENIENZA PVMM82901T
LICENZA MEDIA TITOLO DI AMMISSIONE (1)	ISCRIZIONE PER LA 1 VOLTA (2)
SCIENZE UMANE-ECON INDIRIZZO	ILARIA SOMASCHI Il Dir. Serv. Gen. e Amm. (3)

PAVIA, 21/06/2022

Prof.ssa BRUNA SPAIRANI

Il Dirigente Scolastico (3)

**CARINI** **GIORGIA** **CRNGRG07D64G388C** **PVPM01000A** **2021/2022**  
COGNOME NOME CODICE FISCALE CODICE ISTITUTO ANNO SCOLASTICO

## **ANNOTAZIONI (4)**

PAVIA, 21/06/2022

Il (i) genitore (i) o chi ne fa le veci

Prof.ssa BRUNA SPAIRANI  
Il Dirigente Scolastico (3)

**CARINI** **GIORGIA** **CRNRRG07D64G388C** **PVPM01000A** **2021/2022**  
**COGNOME** **NOME** **CODICE FISCALE** **CODICE ISTITUTO** **ANNO SCOLASTICO**

## **ANNOTAZIONI (4)**

PAVIA, 21/06/2022

Il (i) genitore (i) o chi ne fa le veci

Prof.ssa BRUNA SPAIRANI

### Il Dirigente Scolastico (3)

<b>CARINI</b> COGNOME	<b>GIORGIA</b> NOME	<b>CRNGRG07D64G388C</b> CODICE FISCALE	<b>PVPM01000A</b> CODICE ISTITUTO	<b>2021/2022</b> ANNO SCOLASTICO
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**VALIDITÀ DELL'ANNO SCOLASTICO**  
**(Art. 14, comma 7 del D.P.R. n. 122/2009)**

Ai fini della validità dell'anno e dell'ammissione allo scrutinio finale, l'alunno/a\*:

- ha frequentato per almeno tre quarti dell'orario annuale;
- non ha frequentato per almeno tre quarti dell'orario annuale, ma ha usufruito della deroga;
- non ha frequentato per almeno tre quarti dell'orario annuale.

**RISULTATO FINALE**

**Visti i risultati conseguiti si dichiara che**

**l'alunno/a è stato/a Promossa . (7)**

PAVIA, 21/06/2022

Il (i) genitore (i) o chi ne fa le veci

Prof.ssa BRUNA SPAIRANI

Il Dirigente Scolastico (3)

- 
- (1) PROMOZIONE; IDONEITA'; QUALIFICA; Idoneità all'ultima classe a seguito di esito positivo dell'esame preliminare e mancato superamento esami di Stato.
- (2) PRIMA; SECONDA; TERZA.
- (3) La firma è omessa ai sensi dell'Art. 3, D.to Lgs. 12/02/1993, n. 39.
- (4) "Il riquadro può essere utilizzato anche:
  - per l'annotazione delle materie Art. 4, comma 6 del D.P.R. 122/2009;
  - per l'annotazione prevista dall'Art. 9, comma 1 del D.P.R. 122/2009;
  - per eventuali altre annotazioni o indicazione di rilascio di certificazione".
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- (6) Solo per esami di qualifica professionale.
- (7) promosso/a – non promosso/a.  
Per le classi terminali indicare: ammesso/a – non ammesso/a.



## Confidential Placement Summary

### 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

Pavia

10 Km

70.500 Inhabitants

Name of the closest large city

Distance

Population

### 2 HOME ENVIRONMENT

Who lives at home? Giorgia Lives With Her Parents And Their 2 Dogs.

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.)

Giorgia's Sister Lives In Pisa For University And Comes Back Home Once A Month.

Please comment on the cleanliness and organization of the home.

Home Is Clean And Tidy

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 checked="" type="checkbox"/> Permissive | <input type="checkbox"/> Noisy             | <input checked="" type="checkbox"/> Sports-oriented | <input checked="" 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 type="checkbox"/> Children independent  | <input checked="" type="checkbox"/> Casual | <input 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?

They All Play Sports, But Different Activities. Giorgia Plays Volleyball, The Mother Goes To The Gym And The Father Does Jogging.

### 4 CANDIDATE'S PERSONALITY

Comment on the candidate's attitude towards school:

Giorgia Is Very Dedicated And Committed To The School And Has Good Results, But She Also Has Some Hobbies And Plays Volleyball In Her Free Time

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

She Plays Volleyball Twice A Week And Goes Out With Her Friends.

Please check all that apply:

- |  |   |   |                                    |  |
|--|---|---|------------------------------------|--|
| <input type="checkbox"/> Introverted               | <input checked="" type="checkbox"/> Studious  | <input type="checkbox"/> Loner                  | <input type="checkbox"/> Talkative | <input checked="" type="checkbox"/> Patient  |
| <input checked="" type="checkbox"/> Group oriented | <input type="checkbox"/> Musical              | <input type="checkbox"/> Extroverted            | <input 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 checked="" type="checkbox"/> Easy to please | <input checked="" type="checkbox"/> Organized | <input type="checkbox"/> Early to bed           | <input 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 checked="" 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:

She Is Very Open Minded And Open To Any Kind Of Placement, Also Different From Her Current Family Situation

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 : 2 Dec 2023

Other comments:

Nome, cognome volontario Federica Vassena and Daria Migliorati