



**Rotary District 4420 Youth Exchange  
Rotary District 4420 Long Term Program  
Exchange Student Application, 2024-25**

**Name: Francisco Ariani BONILHA**

**1. Applicant Information**

|   |   |  |                          |
|---|---|--|--------------------------|
| Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY name; e.g., John David SMITH)<br><b>Francisco Ariani BONILHA</b> |   | Name You Wish to be Called<br><b>Chico</b> | Sex<br><b>Male</b>       |
| Home Address - Street<br>Rua Pedro de Toledo, 1222<br>Apto 192  | City, State, & Postal Code<br>São Paulo<br>SP 04039-003 |  | Country<br><b>Brasil</b> |
| Postal Address (if different) - Street/PO Box   | City, State, & Postal Code                              |  | Country                  |
| E-mail Address<br>chicoariani@gmail.com   | Date of Birth<br>2007-11-21                             | Home Phone Number<br>+551123650154         |                          |
| Place of Birth<br>São Paulo, SP Brasil  | Citizen of (Country)<br>Brasil                          | Mobile Phone Number<br>+5511912630173      |                          |

**2. Parent/Legal Guardian Information**

|  |  |  |                                     |
|--|--|--|-------------------------------------|
| Full Name of Parent/Legal Guardian #1<br><b>Priscila Ariani</b>  |  | Rotarian?<br><b>No</b>                           | If yes, name of Rotary Club         |
| Home Address - Street<br>Rua Pedro de Toledo, 1222<br>Apto 192   | City, State, & Postal Code<br>São Paulo<br>SP 04039003             |  | Country<br><b>Brasil</b>            |
| E-mail Address<br>priscila.fca@gmail.com   | Occupation<br>marketing director                                   |  |                                     |
| Home Phone Number<br>+551123653547   | Mobile Phone Number<br>+5511942460154                              | Business Phone Number<br>+5511975482272          | WhatsApp (or fax)<br>+5511942460154 |
| Full Name of Parent/Legal Guardian #2<br><b>Alexandre Bonilha</b>  |  | Rotarian?<br><b>No</b>                           | If yes, name of Rotary Club         |
| Home Address - Street<br>Via Sottomonte 5  | City, State, & Postal Code<br>Monselice/ padova/italia<br>-- 35043 |  | Country<br><b>italy</b>             |
| E-mail Address<br>alexandre.bonilha@yandex.com   | Occupation<br>teacher  |  |                                     |
| Home Phone Number<br>+393337971609   | Mobile Phone Number<br>+393337971609                               | Business Phone Number<br>+393337971609           | WhatsApp (or fax)<br>+393337971609  |
| In the event of an emergency, which parent or legal guardian should be contacted first?<br><b>Parent #1</b>          |  | Marital status of the parents<br><b>Divorced</b> |                                     |
| If parents are separated or divorced, provide details of custody arrangement:<br><b>mom has full custody of kids</b> |  |  |                                     |

**Rotary District 4420 Youth Exchange  
 Rotary District 4420 Long Term Program  
 Exchange Student Application, 2024-25**

**Name: Francisco Ariani BONILHA**

**3. Personal Background**

|   |   |
|---|---|
| Religion  | atheist   |
| Dietary Restrictions                            | none  |
| Do you smoke or use tobacco products?<br><br>No | If yes, please explain.   |
| Do you drink alcohol?<br><br>No                 | If yes, please explain.   |
| Have you ever used illegal drugs?<br><br>No     | If yes, please explain.   |
| Do you have a steady boy/girlfriend?<br><br>No  | If yes, how long have you been together, and how often do you go out? |

**4. All Siblings (plus any other individuals living in the home)**

| Name          | Relationship        | Age | Occupation or School Grade | Lives Home? |
|---------------|---------------------|-----|----------------------------|-------------|
| Raul Bonilha  | Brother/Sister      | 13  | 7th grade                  | Yes         |
| Jorge Bonilha | Half Brother/Sister | 4   | pre school                 | No          |
|               |                     |     |                            |             |
|               |                     |     |                            |             |
|               |                     |     |                            |             |
|               |                     |     |                            |             |
|               |                     |     |                            |             |
|               |                     |     |                            |             |

**Rotary District 4420 Youth Exchange  
Rotary District 4420 Long Term Program  
Exchange Student Application, 2024-25**

**Name: Francisco Ariani BONILHA**

**5. Secondary School Information**

|   |   |   |  |                   |
|---|---|---|--|-------------------|
| Name of Secondary School You Currently Attend<br>Caranda Educacao   |   |   |  |                   |
| School Website Address<br><a href="https://carandaeducacao.com.br/">https://carandaeducacao.com.br/</a>   |   |   |  |                   |
| Street Address<br>Rua Joaquim de Almeida 459 Mirandópo  | City<br>São Paulo                                 | State/Prov<br>SP  | Postal Code<br>04050-011                       | Country<br>Brasil |
| Number of grades/levels at your school<br>12  | Your current grade level (e.g., 10th, 11th)<br>10 | Month and year you expect to graduate<br>December, 2025                               | No. of years you've attended this school<br>10 |                   |
| List the courses you are currently taking<br>chemistry, biology, physics, history, geography, philosophy, english, spanish, portuguese, literature, mathematics |   |   |  |                   |
| Total number of students at your school<br>1000   | Number of students in your grade level<br>40      | Your approx. class ranking (e.g., top 10%, 12th of 56)<br>top 15%                     |  |                   |
| Name and title of school official or counselor that you consulted<br>Andre, Highschool coordinat  |   | E-mail address of school official or counselor<br>andre.meller@carandaeducacao.com.br |  |                   |

**6. Languages**

| Native Language: Portuguese | ----- Proficiency in Non-Native Languages ----- |          |         |         |
|-----------------------------|---|----------|---------|---------|
| Non-Native Language(s)      | Years Studied                                   | Speaking | Reading | Writing |
| English                     | 8   | Good     | Good    | Fair    |
| Spanish                     | 1   | Fair     | Fair    | Fair    |
|                             |   |          |         |         |
|                             |   |          |         |         |

**7. Alternative Emergency Contact in home country**

|   |                                 |                               |                         |  |
|---|---------------------------------|-------------------------------|-------------------------|--|
| Name<br>Renato Ariani   |                                 | Relationship<br>Grandparent   |                         |  |
| Home Address - Street<br>Rua Nelson Gama De Oliveira 550 Ap111b | City<br>São paulo               | State/Prov<br>SP              | Postal Code<br>05734150 |  |
| E-mail Address<br>rariani@gmail.com                             |                                 |                               |                         |  |
| Home Phone<br>+551198156996                                     | Business Phone<br>+551198156996 | Mobile Phone<br>+551198156996 |                         |  |

**8. Sponsor District and Rotary Club**

|   |   |  |                                      |  |
|---|---|--|--------------------------------------|--|
| Sponsor District Number<br>4420                           | Sponsor Rotary Club<br>Sao Paulo-Paraiso            |  |                                      |  |
| Sponsor District Youth Exchange Chair<br>Jany Hatanaka    | Sponsor Club Youth Exchange Officer<br>Erika Bastos |  |                                      |  |
| District YE Chair's E-mail Address<br>janyhide5@gmail.com |   | Club YEO's E-mail Address<br>erikabastos7516@gmail.com |                                      |  |
| District YE Chair's Home Phone<br>55-11-29711288          | District YE Chair's Cell Phone<br>55-11-972269993   | Club YEO's Home Phone<br>119951261                     | Club YEO's Cell Phone<br>11995126100 |  |

**Rotary District 4420 Youth Exchange  
Rotary District 4420 Long Term Program  
Exchange Student Application, 2024-25**

**Name: Francisco Ariani BONILHA**

**9. Student's Letter**

Hello, my name is Francisco, I'm 15 years old and I live in Brazil. In my spare time, I play a lot of chess, a game that I really enjoy. I practice sports like volleyball and soccer, read books and spend some time on the internet. I spend a total of five and a half hours per day in school, excluding my extracurricular activities like sports and some classes I selected.

In my school I have been my class representative in 6th, 7th and 9th grade. I have also engage with the students association and have been selected the class speaker for the middle school graduation ceremony.

I wake up every morning at 6:30, eat my breakfast and go to school in a fifteen-minute walk. I have normal classes with a lot of disciplines, including English, Spanish, Portuguese, geography, history, philosophy, literature, mathematics, biology, chemistry and physics. At 1:00, I have lunch and after that, I go home or go to some more classes that are optional and you have the power to choose which one you are going to. In my case, I am in the classes of art and financial education. After that I go back home and I usually rest, make my homeworks, play some chess online, read some books and watch series.

I have my own room and study there. My mom works a lot with marketing and market intelligence and my father lives in Italy and works as a teacher. Sometimes I walk around my neighbourhood to buy food, go to the dentist, go to my psychologist, and have fun with my friends. Sometimes I take the bus or I use the subway. In the city that I live, São Paulo, there's a lot of people. The city itself is one of the biggest and richest in Latin America. In relation to my hobbies, I am really involved in chess and sports. The first one is because I used to play chess with my dad and now I'm in the finals of the championship in my school. Sport is something I like because you are always pushing yourself to become better and better. There is no particular thing that I don't like. I like all food except if it is too spicy. I love animals. If I have to name something I don't like, it would be people being disrespectful with others. Lately, I didn't leave my country but I already traveled to some places like the US, Italy, Mexico and Argentina. Except from the US, all other countries that I went to had some family member or friend there. For example, I went to Italy in 2022 to see my dad.

One of my strongest points is that I'm very determined and focused when it is a thing that I like, going from disciplines like history to some sports and games. But I have a problem to organize some things like my tasks and taking notes in class. When I finish school and go to college, I will probably try becoming a teacher because I really respect this job.

This exchange program will help me learn some cultures that I think are pretty important to the world but that in my country I would not receive much information or visibility, I also pretend to make friends in school and get along with you. :)

**Rotary District 4420 Youth Exchange  
Rotary District 4420 Long Term Program  
Exchange Student Application, 2024-25**

**Name: Francisco Ariani BONILHA**

**10. Parent's Letter**

Dear Host,

Before I begin talking about Francisco, or Chico (Reads Shico) as all his family and friends call him, I would like to thank you for having him. This is really a big thing for him and us, his family.

Chico lives with me (his mother), Raul (brother) and Miguel (our pet dog). I'm divorced and his father lives in Italy with his new wife and Jorge, Francisco's half-brother.

Chico studied his whole life in the same school, which is a place where he loves being and where he engages in a lot of activities. He is a real active student at the school.

Even though I'm a completely fond mother, I will try to be as honest as possible. Chico is a great loving teenager. He is sensible, humorous, curious, and active. He gets along really well with everybody in the family, from small kid's cousins to older grandparents. In general, he prefers hanging out with the older group since he enjoys learning and having more complex conversations. Obviously, we have our arguments, which generally go around him not organizing his room and not doing his house chores properly. Whenever I call his attention to this, he acknowledges and tries to fix it. But he generally needs feedback on this matter.

At school, he tends to seek smaller groups of friends where he deepens the relationship instead of hanging out with a larger group. Despite his preference, he gets along well with the whole group of teenagers. He never gets into trouble or arguments with his colleagues. Maybe I'm a proud mother saying this, but I guess this is due to him being very kind, generous, and thoughtful. He thinks a lot, therefore he is somewhat distracted and usually the last to know when things happen since, in general, he is entertained with his own thoughts or in what he was doing at the time.

Chico tends to seek balance and harmony wherever he goes. When he was younger, he would become intense when handling frustration, generally correlated to feelings of

**Rotary District 4420 Youth Exchange  
Rotary District 4420 Long Term Program  
Exchange Student Application, 2024-25**

**Name: Francisco Ariani BONILHA**

injustice. He attended therapy and nowadays, in tough moments he tends to shut off. Since he wants everybody to be well, he has a hard time arguing and pushing back in situations that he thinks are unjust or where he hasn't been heard. This does not mean that he does not care. Precisely the opposite. This means that he was hurt but did not find a way to present his point of view in a way that he feels comfortable. On the other hand, when somebody calls his attention to something where he understands he could have done better, he tends to accept the criticism. But he will be sensitive to the form that criticism is placed. If any feedback is given respectfully, he will be open to it; otherwise, he will feel offended.

Chico has dealt with many difficult situations throughout his life, and with proper support and therapy, he grew up to be a resilient guy. In general, upon facing challenging situations, he tends to be physically agitated (he will shake his legs, bite his nails, etc.), but on the other hand, he will focus on getting the problem solved the best way he can. If that's not possible, he tends to accept the issue.

I try to push Chico to be independent as much as possible. I never interfere with the commitments he has, like homework, going to the dentist, therapy, training, etc. He takes care of all of this himself. He knows when he should be where and organizes his time and goes by subway when necessary. This does not mean that sometimes he misses one thing or another, or for example, forgets to take lunch to school when he has commitments right after it. In these cases, he handles it the best way he can and buys a quick bite. Sometimes, he just needs a little push to get things done. For example, when his cell phone charger broke, I had to tell him to buy a new one for 2 or 3 weeks since he was not taking care of it.

I'm proud of Francisco in many ways. He is well-centered, mature, a good student, kind, gentle, and respectful. He has a passion for life and knowledge and is always engaging in studying and learning something new, like chess, history, politics, and economics. He has never given me trouble in school, with drugs, bad behavior, or anything. He has a good sense of humor and loves sharing and bonding. He is a good person, good company, brilliant, healthy, athletic, and humble. I could not be a prouder mom.

My dad, an ex-Rotarian, brought us the idea of the exchange program. It is tough for me to let him go since I'm extremely connected to him. But it's what they say: we are to raise our kids to the world. I understand Chico can benefit a lot by being in contact with different cultures and families. This experience can broaden his view of the world and his understanding of himself. By experimenting with different situations, he can better understand how he behaves and feels in unknown places. In

**Rotary District 4420 Youth Exchange  
Rotary District 4420 Long Term Program  
Exchange Student Application, 2024-25**

**Name: Francisco Ariani BONILHA**

2 years, he will decide which university he would like to attend, and by broadening his experiences, he can be more prepared to do so.

Unfortunately, in recent years, the world has been struck by horrific wars. The world is polarized and intolerant. We need to push our generations to be in contact and embrace differences to build the world we want to live in. I think Francisco is already a guy open to differences who fights against injustices. This experience can help him level up even more this innate talent he has.

Finally, I just hope Francisco brings happiness to your place as he does in mine. I wish Francisco could engage with your community, make deep relationships (we are Latinos!!! We love to connect!), and live you local life to the fullest.

Once again, thanks for having him!

My Best, Priscila

**Rotary District 4420 Youth Exchange**  
**Rotary District 4420 Long Term Program**  
**Exchange Student Application, 2024-25**

**Name: Francisco Ariani BONILHA**

**11. Photos**

**My Family**



my brother, me and my mom in goiA Æ A â A â A Ajs, an state in brazil that have a lot of natural b

**My Special Interest**



me playing soccer with my friends, i was the goalkeeper

**Something Important to Me**



me and my friends in the end of the last year, we were celebrating our graduation of middle school

**My Home**



an photo of my home with my dog in the corner





Rotary Youth Exchange – Long-Term Exchange Program

Section C-1: Medical History & Examination

**Physician:** This student is considering a year abroad as an exchange student. Insufficient, inadequate, or improper information about medications or psychiatric, psychological, or other medical problems could endanger the student’s life while overseas. Allergy information is especially crucial to host family placement and student well-being. An immediate relative of the applicant may **not** complete the examination or fill out this form.

Use computer entry if possible. Consult Rotary Sponsor District Instructions for required copies and signatures. Print specified number of completed copies first for ink signatures on paper (if required). Electronic signature may be applied last if both paper and electronic signatures are needed.

|   |  |   |                             |  |
|---|--|---|-----------------------------|--|
| Full Legal Name as on passport or birth certificate (use uppercase for FAMILY name; e.g. John David SMITH)<br><b>Francisco Ariani Bonilha</b> |  | Date of Birth (YYYY-MM-DD)<br><b>2007-11-21</b> |                             | <input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Non-Binary |
| Home Address – Street<br><b>R. Pedro de Toledo, 1222 ap 192</b>   |  | City<br><b>São Paulo</b>                        | State/Province<br><b>SP</b> | Postal Code<br><b>04039-0003</b>   |
| E-mail Address<br><b>chicoariani@gmail.com</b>  |  | Home Phone Number                               |                             | Mobile Phone Number<br><b>+55 11 91263-0173</b>  |
|   |  |   |                             | Country<br><b>Brazil</b>   |

Medical History

|  |   |                                     |  |                          |                                     |
|--|---|-------------------------------------|--|--------------------------|-------------------------------------|
| <b>1. How long has the applicant been the patient of the physician?</b>  |   |                                     |  |                          |                                     |
| <b>2. Has the applicant ever been diagnosed with or received treatment, attention, or advice from a physician or other practitioner for:</b>   |   |                                     |  |                          |                                     |
|  | Yes   | No                                  |  | Yes                      | No                                  |
| a. Allergies   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | n. Liver disease/hepatitis                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Anorexia/bulimia/other eating disorder*   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | o. Malaria                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Appendicitis  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | p. Menstrual disorders                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Arthritis   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | q. Mental disorders*                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Asthma  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | r. Pneumonia                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. Attention deficit disorder*   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | s. Rheumatic fever                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Bowel problems  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | t. Serious headache/migraine                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h. Cancer  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | u. Stomach ulcer                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i. Diabetes  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | v. Typhoid fever                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j. Epilepsy/seizures   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | w. Urinary tract infection                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| k. Hearing loss  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | x. Vertigo/dizziness                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| l. Heart disease   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | y. Visual correction – eyeglasses/contact lenses | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| m. Hernia  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | z. Vision problems – other                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>3. Has the applicant:</b>   |   |                                     |  | Yes                      | No                                  |
| a. Had any surgical operation not revealed in question 2, or gone to a hospital, clinic, dispensary, or sanatorium for observation, examination, or treatment not revealed in question 2?  |   |                                     |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Taken any prescribed medication in the past six months?   |   |                                     |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. *Presented any history or current evidence of nervous, emotional, or mental abnormality, functional nervous breakdown, nervous fatigue, depression, suicide attempts, eating disorders, or antisocial behavior?                                       |   |                                     |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Ever used heroin, cocaine, marijuana or other hallucinogens, amphetamines, or other street drugs?   |   |                                     |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Ever received treatment for or advice about a problem with alcohol or drug use, either from a physician/other practitioner or an organization that assists those who have an alcohol or drug problem?   |   |                                     |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. Had excessive weight gain or loss recently?   |   |                                     |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Suffered chest pain, wheezing, shortness of breath, or fainting episodes?   |   |                                     |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h. Suffered chronic diarrhea, vomiting, abdominal pain, or constipation?   |   |                                     |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i. Exhibited chronic skin conditions (e.g., severe acne, eczema, psoriasis)?   |   |                                     |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j. Suffered weakness of neurological or muscular skeletal system?  |   |                                     |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| k. Had any dietary restrictions? If yes, specify and note reason (medical, religious, personal choice):  |   |                                     |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>If you answered "Yes" for any parts of questions 2 and 3, please explain (except non-medical dietary restrictions):</b><br><i>*Affirmative answers to questions 2b, 2f, 2q, and/or 3c require a letter of explanation from the treating physician</i> |   |                                     |  |                          |                                     |
| Question (e.g., 2e)  | Nature and severity of disorder, diagnosis, frequency of attack, prognosis, and treatment |                                     |  | Dates and duration       |                                     |
|  |   |                                     |  |                          |                                     |
|  |   |                                     |  |                          |                                     |
|  |   |                                     |  |                          |                                     |



**Rotary Youth Exchange – Long-Term Exchange Program**

**Section C-1: Medical History & Examination**

|  |  |  |   |
|--|--|--|---|
| <b>4. Indicate year when the applicant had the following infectious diseases (or indicate that he or she has not) Use Part 5 comments for other details.</b> |  |  |   |
| Measles (rubeola)<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, year _____   | Mumps<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, year _____                   | Hepatitis (if so, see comments)<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, year _____ | Whooping cough (pertussis)<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, year _____ |
| Rubella (German measles)<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, year _____  | Varicella (Chicken Pox)<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, year _____ | Scarlet fever<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, year _____                   | Other: COVID-19<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, year _____            |

|   |   |                       |                       |                       |                       |                       |                       |
|---|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>5. Immunization Information (may be completed by medical records, nursing or appropriate personnel and verified by physician)</b><br><i>Please verify that these ISO format dates match the official source documents provided in "Section C-2: Immunization Records/Certification copies"</i> |   |                       |                       |                       |                       |                       |                       |
| <b>The applicant has been immunized against the following diseases:</b>   | <b>Dates of immunizations</b> Using ISO format (YYYY-MM-DD) enter the dates of ALL doses received. Immunizations are a prerequisite to school attendance in many locations. Requirements vary. The host country, host Rotary district and/or school may require additional immunizations. |                       |                       |                       |                       |                       |                       |
|   | <b>1<sup>st</sup></b>   | <b>2<sup>nd</sup></b> | <b>3<sup>rd</sup></b> | <b>4<sup>th</sup></b> | <b>5<sup>th</sup></b> | <b>6<sup>th</sup></b> | <b>7<sup>th</sup></b> |
| Diphtheria  | 2008-01-22  | 2008-03-25            | 2008-05-20            | 2009-03-20            | 2014-05-07            |                       |                       |
| Pertussis (whooping cough)  | 2008-01-22  | 2008-03-25            | 2008-05-20            | 2009-03-20            | 2014-05-07            |                       |                       |
| Tetanus   | 2008-01-22  | 2008-03-25            | 2008-05-20            | 2009-03-20            | 2014-05-07            |                       |                       |
| Rubella (German measles)  | 2008-01-22  | 2009-06-25            |                       |                       |                       |                       |                       |
| Mumps   | 2008-01-22  | 2009-06-25            |                       |                       |                       |                       |                       |
| Measles (rubeola)   | 2008-01-22  | 2009-06-25            |                       |                       |                       |                       |                       |
| Polio <input type="checkbox"/> Sabin TOPV (3 or more)<br><input checked="" type="checkbox"/> Salk IPV (4 or more)   | 2008-01-22  | 2008-03-25            | 2008-05-20            | 2009-03-20            |                       |                       |                       |
| Varicella (Chicken Pox/Shingles)  | 2008-01-22  | 2014-05-07            |                       |                       |                       |                       |                       |
| Hepatitis B   | 2008-01-22  | 2008-03-25            | 2008-05-20            |                       |                       |                       |                       |
| Hepatitis A   | 2009-05-15  | 2009-11-24            |                       |                       |                       |                       |                       |
| Yellow Fever  | 2018-01-22  |                       |                       |                       |                       |                       |                       |
| Japanese Encephalitis   |   |                       |                       |                       |                       |                       |                       |
| Meningococcal Meningitis  | 2008-02-22  | 2008-04-22            | 2009-05-15            | 2014-05-07            |                       |                       |                       |
| Typhoid   |   |                       |                       |                       |                       |                       |                       |
| COVID-19<br>Manufacturer or Name:<br>Pfizer/Pfizer/ Coronavac   | 2021-09-06  | 2021-11-27            | 2022-07-09            |                       |                       |                       |                       |
| Others (specify):   |   |                       |                       |                       |                       |                       |                       |
|   |   |                       |                       |                       |                       |                       |                       |
|   |   |                       |                       |                       |                       |                       |                       |
| <b>Additional Comments:</b><br><i>(Examples: Other COVID-19 vaccine manufacturer(s) for later doses, hepatitis lab test results, other immunizations, vaccine adverse reactions)</i>  |   |                       |                       |                       |                       |                       |                       |

|  |  |
|--|--|
| <b>6. Tuberculosis screening: The applicant must present evidence of recent TB screening (within 3 months of examination date) by skin test or blood test.</b>                           |  |
| Date of screening (YYYY-MM-DD) <u>2023-12-12</u> Result/diagnosis: <u>Not Detected</u> Method: <input type="checkbox"/> TB Skin test (TST) <input type="checkbox"/> TB Blood test (IGRA) | Please document any BCG vaccine dose(s), diagnostic studies or treatments related to tuberculosis not included in above immunizations or comments. |
| Method was Sputum PCR  |  |



**Rotary Youth Exchange – Long-Term Exchange Program**

**Section C-1: Medical History & Examination**

7. Will the applicant be bringing any prescribed medication on the exchange? Yes  No

If yes, please list each medication, including the international and generic names, compound symbols, dosage, frequency and reason for use

| Prescribed Medication | Dose/Frequency | Reason for Use |
|-----------------------|----------------|----------------|
|                       |                |                |
|                       |                |                |
|                       |                |                |
|                       |                |                |

**Physical Examination**

Date: (yyyy-mm-dd) 2023-11-27 Height: (cm) 166 Weight: (kg) 53 Blood Pressure: Systolic (mmHg) 110 Diastolic 7,0 Pulse: (rate/minute) 80

8. Does today's examination show any abnormal findings for:

|                   | Yes                      | No                                  |             | Yes                      | No                                  |                | Yes                      | No                                  |                      | Not done                 | Yes                      | No                                  |
|-------------------|--------------------------|-------------------------------------|-------------|--------------------------|-------------------------------------|----------------|--------------------------|-------------------------------------|----------------------|--------------------------|--------------------------|-------------------------------------|
| Head and neck     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Abdomen     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Skin           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Breasts              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Ear, nose, throat | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Hernias     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Extremities    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Genitalia (external) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Chest/lungs       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Lymph nodes | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Spine/Skeletal | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Rectal               | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Heart             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |             |                          |                                     | Neurological   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                      | Not done (See below)     |                          |                                     |

Examination of Breasts and External Genitalia is at physician discretion. Rectal exam is not required if bowel history and abdominal exam are normal.  
 For any "YES" (abnormal) in part 8, above, please note details in the space below with any other comments or recommendations.  
 If more space is needed, please provide on separately signed typewritten or computer-generated page(s) with applicant's full name and date of birth.

OTHER notes: Physical Examination findings, comments or recommendations, if any:

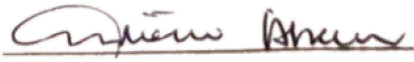
**CERTIFICATION**

I certify that I hold a valid current license to practice medicine and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted above and the attached page(s). If additional pages are attached, please check here:

**I find the applicant:**

- In good health and not suffering from any mental or medical condition(s) that would preclude participation in the Rotary Youth Exchange program.
- Suffering from mental or medical condition(s) as noted in my report that could impact his/her participation.

Additionally, I find the applicant in good health and not suffering from any condition(s) that would preclude participation in sporting/physical activities of the applicant's choice  Yes  No

|  |   |
|--|---|
| Physician address, phone, fax and E-mail<br>Rua Borges Lagoa, 1080 conj 309<br>Vila Clementino<br>Phone : +55 11 98860-4220<br>dr.cris@terra.com.br <sup>a</sup> | Physician Name<br>Cristiane Abreu   |
|  | Physician Signature (ink on paper) or basic e-signature (using Fill & Sign)<br> |
|  | Date (YYYY-MM-DD)<br>2023-11-27   |

If there are separate pages, including any Letter(s) of explanation from treating physician(s), please append following this page.

Sponsor District: 4420Applicant Name: Francisco Ariani Bonilha

## Rotary Youth Exchange – Long-Term Exchange Program

### Section D: Dental Health and Examination

**Dentist:** This student is considering a year abroad as an exchange student. Insufficient, inadequate, or improper information about the student's dental health, medications, or other problems could endanger this student while overseas. An immediate relative of the student may **not** complete the dental examination.

Please type or print clearly. Please submit at least two copies of the form, unless your district requires more. Ask your club YEO how many copies you need. All copies with original signatures in **blue ink**.

|  |  |   |  |  |                                 |
|--|--|---|--|--|---------------------------------|
| Applicant's Full Legal Name<br><u>FRANCISCO BONILHA</u>          |  | Date of Birth (YYYY-MM-DD)<br><u>21/11/2007</u> |  | <input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Non-Binary |                                 |
| Home Address – Street<br><u>Rua Pedro de toledo, 122, ap 192</u> |  | City<br><u>São Paulo</u>                        |  | State/Province<br><u>SP</u>  | Postal Code<br><u>04039-003</u> |
| Country<br><u>Brazil</u>   |  | Home Phone Number<br><u>+55 11 2365-3547</u>    |  | Mobile Phone Number<br><u>+55 11 91263-0173</u>  |                                 |
| Email Address<br><u>chicoariani@gmail.com</u>                    |  |   |  |  |                                 |

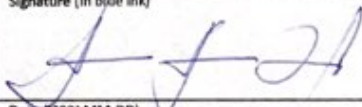
#### Dental Examination

- Is the applicant in good dental health?  Yes  No
  - Does the applicant require dental work at this time?  Yes  No
  - Do you foresee the applicant requiring any dental work while abroad?  Yes  No
- If yes, please explain below (use space at bottom or additional pages if needed):

Enter any additional comments below. (If additional pages are necessary, attach them and please check here )

#### CERTIFICATION

I certify that I hold a valid current license to practice dentistry and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted herein.

|   |   |
|---|---|
| Dentist's address, phone, and fax (type or stamp)<br><u>Av. Ibirapuera, 2033/93</u><br><u>Indiarópolis</u><br><u>SÃO PAULO - BRASIL</u><br><u>CEP 04029-100</u><br><u>FONE/FAX 55 11 50512239</u> | Dentist's Name (type or print)<br><u>ANTONIO ALBERTO DE CARA</u>  |
|   | Signature (in blue ink)<br><br>Antonio Alberto de Cara<br>CROSP 21030 |
|   | Date (YYYY-MM-DD)<br><u>27/11/2023</u>  |

|   |  |                               |                |  |
|---|--|-------------------------------|----------------|--|
| Full Legal Name as on passport or birth certificate ( <i>use uppercase for your FAMILY name; e.g., John David SMITH</i> ) |  | Name You Wish to be Called    |                | <input checked="" type="checkbox"/> Male |
| <b>Francisco Ariani Bonilha</b>   |  | <b>Chico</b>                  |                | <input type="checkbox"/> Female          |
| Home Address - Street   |  | City                          | State/Province | Postal Code                              |
| Rua Pedro de Toledo, 1222   |  | São Paulo                     | SP             | 04039-003                                |
| Country   |  | Brazil                        |                |  |
| Postal Address ( <i>if different</i> ) - Street   |  | City                          | State/Province | Postal Code                              |
|   |  |                               |                |  |
| Country   |  | Brazil                        |                |  |
| E-mail Address  |  | Skype ID                      |                | Mobile Phone Number                      |
| chicoariani@gmail.com   |  |                               |                | +55 11 91263-0173                        |
| Place of Birth ( <i>City, State/Province, Country</i> )   |  | Citizen of ( <i>Country</i> ) |                | Date of Birth ( <i>YYYY-MM-DD</i> )      |
| São Paulo, SP, Brazil   |  | Brazil                        |                | 2007-11-21                               |

**(A) APPLICANT GUARANTEE:** I, the applicant named above, agree to do the following: (1) Purchase round-trip air travel before I depart my home country; (2) abide by the rules and decisions of the program, accepting advice and supervision of my hosts; (3) attend all orientations and trainings offered by my sponsor and host districts and clubs; (4) not request permission to stay in my host country, and (5) return home after completion of my exchange.

**(B) PARENT/LEGAL GUARDIAN GUARANTEE:** We, the parents/legal guardians of the above applicant agree to do the following: (1) Pay all costs of transportation, passport and visa; (2) pay costs for health and accident or travel insurance, as per program rules; (3) pay for clothing for the applicant's welfare and any uniforms required; (4) pay additional costs as circumstances arise, e.g., provide an emergency fund, if required by host district, under control of the host Rotary club/district to be returned at completion of the exchange if not used; (5) attend orientation meetings; (6) abide by program rules and follow host district policy on visiting the applicant while he/she is abroad.

The Undersigned APPLICANT and PARENT/GUARDIANS hereby agree to the Applicant's and Parents'/Guardians' Guarantee (A and B) and that the applicant is permitted to travel to the host district, live with approved families for up to one year, and attend secondary school. They hereby also authorize the host district to receive all necessary documents regarding application for visa.

|  |                   |                     |                              |
|--|-------------------|---------------------|------------------------------|
| e-Signature (Applicant) (or ink on paper)  | Home Phone Number | Date (YYYY-MM-DD)   |                              |
| francisco ariani bonilha<br><small>Assinado de forma digital por francisco ariani bonilha<br/>Dados: 2023.11.18 17:49:01 -03'00'</small>                       | +55 11 94246-0154 | 2023-11-18          |                              |
| e-Signature of Parent/Legal Guardian #1 (or ink on paper)  | Date (YYYY-MM-DD) | Mobile Phone Number | E-mail                       |
| Priscila F. C. Ariani<br><small>Assinado de forma digital por Priscila F. C. Ariani<br/>Dados: 2023.11.18 17:49:23 -03'00'</small>                             | 2023-11-18        | +55 11 94246-0154   | priscila.fca@gmail.com       |
| e-Signature of Parent/Legal Guardian #2 (or ink on paper)  | Date (YYYY-MM-DD) | Mobile Phone Number | E-mail                       |
| ALEXANDRE PINHO DA CRUZ<br><small>Assinado de forma digital por ALEXANDRE PINHO DA CRUZ<br/>BONILHA:27408532897<br/>Dados: 2023.11.24 00:02:16 +01'00'</small> | 2023-11-24        | +393337971609       | alexandre.bonilha@yandex.com |
| Witness Name: Sponsor Rotary Club member e-signature (or ink on paper)   | Date (YYYY-MM-DD) | Mobile Phone Number | E-mail                       |
| Erika Campanella Bastos<br>Youth Exchange Office<br><i>Erika Campanella Bastos</i>   | 2023-12-06        | +55 11 99512-6100   | erikabastos7516@gmail.com    |

**(C) SPONSOR CLUB AND DISTRICT ENDORSEMENT**

The Rotary Club and Rotary District specified within this section, having interviewed the applicant and his/her parents/legal guardians and having reviewed the student's application and related documents, hereby endorse the student as qualified for Rotary Youth Exchange and recommend to host clubs and host districts the acceptance of this student. The District agrees to provide adequate orientation to the student and parents before the student's departure.

|  |   |  |                       |
|--|---|--|-----------------------|
| Sponsor District #   | Sponsor Club Name   | Sponsor Club ID #  |                       |
| 4420   | Rotary Club de São Paulo Paraíso  | 86183  |                       |
| Name of District Youth Exchange Chair  | Name of Sponsor Club President  | Name of Sponsor Club Youth Exchange Officer              |                       |
| Jany Hide Okubo Hatanaka   | Cristino Kazuyuki Nakayama  | Erika Campanella Bastos                                  |                       |
| Street Address of District Youth Exchange Chair  | Street Address of Sponsor Club President  | Street Address of Sponsor Youth Exchange Officer         |                       |
| R. Chemin Del Pra, 161 - Ap14  | R. Saioá, 239 ap 216  | R. Caparajó, 158 ap 106 bl2                              |                       |
| City, State/Province, Postal Code of District YE Chair   | City, State/Province, Postal Code of Sponsor Club President   | City, State/Province, Postal Code of Sponsor Club YEO    |                       |
| São Paulo - SP 02016-060   | São Paulo, SP, 04124-120  | São Paulo, SP 02346-030                                  |                       |
| E-mail Address of District Youth Exchange Chair  | E-mail Address of Sponsor Club President  | E-mail Address of Sponsor Youth Exchange Officer         |                       |
| janyhide5@gmail.com  | cristino@cknconsultoria.com.br  | erikabastos7516@gmail.com                                |                       |
| Documento assinado digitalmente  | Documento assinado digitalmente   | e-Signature of Sponsor Club YE Officer (or ink on paper) |                       |
|  JANY HIDE OKUBO HATANAKA<br>Data: 08/12/2023 13:13:52-0300<br>Verifique em https://validar.iti.gov.br |  CRISTINO KAZUYUKI NAKAYAMA<br>Data: 07/12/2023 11:17:17-0300<br>Verifique em https://validar.iti.gov.br | <i>Erika Campanella Bastos</i>                           |                       |
|  |   | Date (YYYY-MM-DD)  | Home Phone Number     |
|  |   |  |                       |
| Mobile Phone Number  | Business Phone Number   | Mobile Phone Number                                      | Business Phone Number |
| +55 11 97226-9993  |   | +55 11 97607-4405  | +55 11 99512-6100     |
| Skype ID for District Youth Exchange Chair   | Skype ID for Sponsor Club President   | Skype ID for Sponsor Club Youth Exchange Officer         |                       |
| janyhide   |   |  |                       |



## Rotary Youth Exchange – Long-Term Exchange Program

### Section F: Host Club, District & School Endorsements (Guarantee Form / Visa Application Supporting Document)

|   |                             |                                   |  |
|---|-----------------------------|-----------------------------------|--|
| Full Legal Name as on passport or birth certificate <i>(use uppercase for your FAMILY name; e.g., John David SMITH)</i> |                             | Name You Wish to be Called        | <input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Non-Binary |
| Francisco Ariani Bonilha  |                             | Chico                             |  |
| Place of Birth <i>(City, State/Province, Country)</i>   | Citizen of <i>(Country)</i> | Date of Birth <i>(YYYY-MM-DD)</i> |  |
| São Paulo, São Paulo, Brazil  | Brazil                      | 2007/11/21                        |  |

**(A) HOST CLUB AND DISTRICT GUARANTEE**

*The Rotary Club and Rotary District specified within this section will provide room and board in approved homes, provide up to one year of study at the secondary school level, invite the applicant to participate in Rotary club and district events and activities typical of the host country, and provide guidance and supervision to assure the applicant's welfare. The host Rotary club will also give the applicant a monthly allowance as specified below. The host Rotary District agrees to ensure appropriate screening, selection, and training for host families and Youth Exchange volunteers and orientation for the student upon his/her arrival.*

|   |                     |                                       |                     |  |                     |
|---|---------------------|---------------------------------------|---------------------|--|---------------------|
| Host Country                                    |                     | Host Club Name                        |                     | Host Club ID #                                     |                     |
| Host District #                                 | Monthly Allowance   | Final Arrival Airport in Host Country | Airport Code        | Arrival Date(s)                                    |                     |
| Name of District Youth Exchange Chair           |                     | Name of Host Club President           |                     | Name of Host Club Youth Exchange Officer           |                     |
| Signature of District Youth Exchange Chair      |                     | Signature of Host Club President      |                     | Signature of Host Club Youth Exchange Officer      |                     |
| Date <i>(YYYY-MM-DD)</i>                        | Home Phone Number   | Date <i>(YYYY-MM-DD)</i>              | Home Phone Number   | Date <i>(YYYY-MM-DD)</i>                           | Home Phone Number   |
| Skype   | Mobile Phone Number | Skype                                 | Mobile Phone Number | Skype  | Mobile Phone Number |
| E-mail Address of District Youth Exchange Chair |                     | E-mail Address of Host Club President |                     | E-mail Address of Host Club Youth Exchange Officer |                     |

**(B) HOST CLUB COUNSELOR**

|                   |                       |                     |                |             |         |
|-------------------|-----------------------|---------------------|----------------|-------------|---------|
| Name              |                       | E-mail Address      |                |             |         |
| Address – Street  |                       | City                | State/Province | Postal Code | Country |
| Home Phone Number | Business Phone Number | Mobile Phone Number |                | Skype       |         |

**(C) SCHOOLING GUARANTEE**

*(To be completed by the school the applicant will attend in host country.) The applicant will attend school from date of school start for one school year. Costs of tuition and activities not a part of the normal curriculum must be paid by the applicant or his/her parents/guardians.*

|                                       |                                   |              |                          |  |         |
|---------------------------------------|-----------------------------------|--------------|--------------------------|--|---------|
| Name of School                        |                                   | Phone Number | Fax Number               | Date School Starts <i>(YYYY-MM-DD)</i> |         |
| Address – Street                      |                                   | City         | State/Province           | Postal Code                            | Country |
| Affix School's Stamp or Official Seal | Name and Title of School Official |              | Signature                |  |         |
|                                       | E-mail Address                    |              | Date <i>(YYYY-MM-DD)</i> |  |         |

**(D) FIRST HOST FAMILY**

|                                   |   |                                 |                |              |         |
|-----------------------------------|---|---------------------------------|----------------|--------------|---------|
| Name of Host Parent #1            |   | Host Parent #1's E-mail Address | Business Phone | Mobile Phone |         |
| Name of Host Parent #2            |   | Host Parent #2's E-mail Address | Business Phone | Mobile Phone |         |
| Host Family Home Address – Street |   | City                            | State/Province | Postal Code  | Country |
| Home Phone Number                 | Names and Ages of any Other Adults (18 years of age or older) in the Home |                                 |                |              |         |

|  |  |
|--|--|
| <b>HOST DISTRICT: Please return at least originals of the completed Endorsements/Guarantee Forms to:</b> |  |
| Sponsor District/Multidistrict/Country Contact:  |  |



## Rotary Youth Exchange – Long-Term Exchange Program

### Section G: Rules, Attestations, Permissions, Releases & Consents

As a Youth Exchange student sponsored by a Rotary club or district, you must agree to the following rules and conditions of exchange. Violation of any of these rules may result in dismissal from the program and immediate return home, at student's expense. Please note that districts may edit this document or insert additional rules if needed to account for local conditions.

#### Rules and Conditions of Exchange

- 1) You must obey the laws of the host country. If found guilty of violating any law, you can expect no assistance from your sponsors or native country. You must return home at your own expense as soon as released by authorities.
- 2) You will be under the host district's authority while you are an exchange student and must abide by the rules and conditions of exchange provided by the host district. Parents or legal guardians must not authorize any extra activities directly to you. Any relatives you may have in the host country will have no authority over you while you are in the program.
- 3) You are not allowed to possess or use illegal drugs. Legal medications that are prescribed to you by a physician are allowed.
- 4) The illegal drinking of alcoholic beverages is expressly forbidden. Students who are of legal age should refrain. If your host family offers you an alcoholic drink, it is permissible to accept it under their supervision in the home. Excessive consumption and drunkenness is forbidden.
- 5) You may not operate a motorized vehicle, including but not limited to cars, trucks, motorcycles, aircraft, all-terrain vehicles, snowmobiles, boats, and other watercraft, or participate in driver education programs.
- 6) Smoking is discouraged. If you state in your application that you do not smoke, you will be held to that position throughout your exchange. Your acceptance and host family placement is based on your signed statement. Under no circumstances are you to smoke in your host family's bedrooms.
- 7) Body piercing or obtaining a tattoo while on your exchange, without the express written permission of your natural parents, host parents, host club, and host district, is prohibited, for health reasons.
- 8) You must make every effort to learn the language of the host country, and may be responsible for any costs for tutoring, language camps, or other instruction.
- 9) Limit your use of the Internet and mobile phones, as directed by your host district, host club, and host family. Excessive or inappropriate use is not acceptable. Accessing or downloading pornographic material is expressly forbidden.
- 10) You must attend school regularly and make an honest attempt to succeed.
- 11) You must have health and accident or travel insurance that provides coverage for accidental injury and illness, death benefits (including repatriation of remains), disability/dismemberment benefits, emergency medical evacuation, emergency visitation expenses, 24-hour emergency assistance services, and legal services, in amounts satisfactory to the host Rotary club or district in consultation with the sponsor Rotary club or district, with coverage from the time of your departure from your home country until your return.
- 12) You must also have liability coverage through a travel insurance or other applicable policy, in amounts satisfactory to the host Rotary club or district in consultation with the sponsor Rotary club or district.
- 13) You must have sufficient financial support to assure your well-being during your exchange. Your host district may require a contingency fund for emergency situations. Unused funds will be returned to you or to your parents or legal guardians at the end of your exchange.
- 14) You must follow the travel rules of your host district. Travel is permitted with host parents or for Rotary club or district functions authorized by the host Rotary club or district with proper adult chaperones. The host district and club, host family, and your parents or legal guardians must approve any other travel in writing, thus exempting Rotary of responsibility and liability.
- 15) You must return home directly by a route mutually agreeable to your host district and your parents or legal guardians.
- 16) Any costs related to an early return home or any other unusual costs (language tutoring, tours, etc.) are the responsibility of you and your parents or legal guardians.
- 17) Visits by your parents or legal guardians, siblings, or friends while you are on exchange may only take place with the host club's and district's consent and within their guidelines. Typically, visits may be arranged only in the last quarter of the exchange or during school breaks and are not allowed during major holidays.
- 18) Serious romantic activity is to be avoided. Sexual activity is forbidden.
- 19) Talk with your host club counselor, host parents, or other trusted adult if you encounter any form of abuse or harassment.

#### Recommendations for a Successful Exchange

- 1) You should communicate with your first host family prior to leaving your home country. The family's information will be provided to you by your host club or district prior to your departure.
- 2) Respect your host's wishes. Become an integral part of the host family, assuming duties and responsibilities normal for a student of your age or for children in the family.
- 3) Learn ahead of time as much of the language of your host country as possible and use the language regularly. Teachers, host parents, Rotary club members, and others you meet in the community will appreciate the effort. It will go a long way in your gaining acceptance in the community and with those who will become lifelong friends.
- 4) Attend Rotary-sponsored events and host family events and show an interest in these activities. Volunteer to be involved; do not wait to be asked. Lack of interest on your part is detrimental to your exchange and can have a negative impact on future exchanges.
- 5) Get involved in your school and community activities. Plan your recreation and spare-time activities around your school and community friends. Don't spend all your time with other exchange students. If there is a local Interact club, you are encouraged to join in.
- 6) Choose friends in the community carefully. Ask for and heed the advice of host families, counselors, and school personnel in choosing friends.
- 7) Do not borrow money. Pay any bills promptly. Ask permission to use the family phone or computer, keep track of all calls and time on the Internet, and reimburse your host family each month for the costs you incur.
- 8) If you are offered an opportunity to go on a trip or attend an event, make sure you understand any costs you must pay and your responsibilities before you go.



## Rotary Youth Exchange – Long-Term Exchange Program Section G: Rules, Attestations, Permissions, Releases & Consents

### Statement of Conduct for Working with Youth

Rotary International strives to create and maintain a safe environment for all youth who participate in Rotary activities. To the best of their ability, Rotary members, their partners, and other volunteers must safeguard the children and young people with whom they come into contact and protect them from physical, sexual, and psychological abuse.

*Adopted by the Rotary International Board of Directors, October 2019*

### ATTESTATIONS AND AGREEMENT TO PROGRAM RULES AND CONDITIONS

As the undersigned applicant and undersigned parents or legal guardians of the applicant, we hereby state that we have read and understood the Program Rules and Conditions of Exchange. Should I, as a student, be selected for an exchange, I agree to abide by these rules and others imposed on me with due notice during my time as an exchange student in the host country.

We attest that we have read and understand the Statement of Conduct for Working with Youth. We understand that all Rotarians and host families are expected to have read and understand this statement as well.

I understand that, if selected for an exchange, I will be provided with training and written material on abuse and harassment and that this information will include the contact information of the person I should contact if I encounter any form of abuse or harassment.

The undersigned applicant attests that I am of good health and character, understand the importance of the role of a youth ambassador as a Rotary Youth Exchange student, and will, to the best of my ability, maintain the high standards required of a Rotary Youth Exchange student should I be chosen to represent my sponsor Rotary club and district, school, community, state/province, and country. I further state that all the material contained in this application and the attached documents are true and accurate to the best of my knowledge.

|  |                                 |   |
|--|---------------------------------|---|
| Applicant (full legal name)<br><b>Francisco Ariani Bonilha</b>   | Date (YYYY-MM-DD)<br>2023-11-18 | e-Signature (or ink on paper) - click only for digital signature<br><b>francisco ariani bonilha</b><br><small>Assinado de forma digital por francisco ariani bonilha<br/>Dados: 2023.11.18 17:20:43 -03'00'</small>                                       |
| Parent/Legal Guardian #1 (full legal name)<br><b>Priscila Fleury Caiuby Ariani</b>   | Date (YYYY-MM-DD)<br>2023-11-18 | e-Signature (or ink on paper) - click only for digital signature<br><b>Priscila F. C. Ariani</b><br><small>Assinado de forma digital por Priscila F. C. Ariani<br/>Dados: 2023.11.18 17:23:37 -03'00'</small>   |
| Parent/Legal Guardian #2 (full legal name)<br><b>Alexandre Pinho da Cruz Bonilha</b>   | Date (YYYY-MM-DD)<br>2023-11-24 | e-Signature (or ink on paper) - click only for digital signature<br><b>ALEXANDRE PINHO DA CRUZ BONILHA:27408532897</b><br><small>Assinado de forma digital por ALEXANDRE PINHO DA CRUZ BONILHA:27408532897<br/>Dados: 2023.11.24 00:12:21 +01'00'</small> |
| Witnessed in the presence of Sponsor Club/District Representative (name and title)<br><b>Erika Campanella Bastos-Youth Exchange Office</b> | Date (YYYY-MM-DD)<br>2023-11-29 | e-Signature (or ink on paper) - click only for digital signature<br><i>Erika Campanella Bastos</i>  |

### LIMITED RELEASE OF LIABILITY AND COVENANT TO COLLECT DAMAGES ONLY FROM APPLICABLE INSURANCE

We fully understand the nature of being an exchange student and the risk of injury or loss of property associated with an exchange. We understand that these risks are likely greater than they would be if a student were living in his or her home country.

**IN CONSIDERATION** of the acceptance and participation of the applicant in the Rotary Youth Exchange Program, we hereby release and agree to defend, hold harmless, indemnify, and covenant not to collect damages from:

- Rotary International (including all members, officers, directors, committee members, chaperones, and employees of Rotary International);
- The host and sponsor Rotary Club and Rotary District (including all members, officers, directors, committee members, chaperones, and employees of the host and sponsor Rotary clubs and districts; and
- All host parents and members of their families (collectively "RYE program")

for those **damages that are over above those covered by applicable insurance policies** from any or all liability for any loss, property damage, personal injury, or death, including any liability that may arise out of any negligent act or omission, which may be suffered or claimed by the applicant, parent, or guardian during (or as a result of) the participation by the applicant in the Rotary Youth Exchange program, including travel to and from the host country. We understand that the RYE Program **shall remain responsible for any damages caused by its negligence to the extent of any applicable insurance.**

|  |                                 |   |
|--|---------------------------------|---|
| Applicant (full legal name)<br><b>Francisco Ariani Bonilha</b>   | Date (YYYY-MM-DD)<br>2023-11-18 | e-Signature (or ink on paper) - click only for digital signature<br><b>francisco ariani bonilha</b><br><small>Assinado de forma digital por francisco ariani bonilha<br/>Dados: 2023.11.18 17:24:25 -03'00'</small>                                       |
| Parent/Legal Guardian #1 (full legal name)<br><b>Priscila Fleury Caiuby Ariani</b>   | Date (YYYY-MM-DD)<br>2023-11-18 | e-Signature (or ink on paper) - click only for digital signature<br><b>Priscila F. C. Ariani</b><br><small>Assinado de forma digital por Priscila F. C. Ariani<br/>Dados: 2023.11.18 17:24:38 -03'00'</small>   |
| Parent/Legal Guardian #2 (full legal name)<br><b>Alexandre Pinho da Cruz Bonilha</b>   | Date (YYYY-MM-DD)<br>2023-11-24 | e-Signature (or ink on paper) - click only for digital signature<br><b>ALEXANDRE PINHO DA CRUZ BONILHA:27408532897</b><br><small>Assinado de forma digital por ALEXANDRE PINHO DA CRUZ BONILHA:27408532897<br/>Dados: 2023.11.24 00:12:50 +01'00'</small> |
| Witnessed in the presence of Sponsor Club/District Representative (name and title)<br><b>Erika Campanella Bastos-Youth Exchange Office</b> | Date (YYYY-MM-DD)<br>2023-11-29 | e-Signature (or ink on paper) - click only for digital signature<br><i>Erika Campanella Bastos</i>  |





**Rotary Youth Exchange – Long-Term Exchange Program**  
**Section G: Rules, Attestations, Permissions, Releases & Consents**

**PERMISSION FOR MEDICAL CARE AND RELEASE OF MEDICAL RECORDS AND LIABILITY**

We, the parents/legal guardians of the applicant, and I, the applicant, HEREBY AUTHORIZE the release of medical information on application pages 'Section C: Medical History and Examination,' acquired in the course of the examinations by the physician and the dentist.

We, the parents/legal guardians of the applicant, and the applicant, if of legal age, who have the sole and legal right to make the decisions on the health and care of the applicant, do release from liability and grant permission as noted of the following while our son/daughter/ward is overseas as a Rotary Youth Exchange student:

- In the event of accident or sickness, we/I authorize any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of student to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment.
- In the event of accident or sickness, we/I authorize treating medical providers to release personal health information to any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of student to the extent necessary to decide whether to consent to medical or dental treatment. This authorization is intended to release confidential medical information that might otherwise be protected by applicable medical confidentiality laws.
- We/I give permission for any operation, administration of anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable for the treatment of our son/daughter/ward.
- We/I further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required by our son/daughter/ward for any emergency situation. We do request that we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.
- Permission is granted for immunizations required for school registration.
- In the case of elective surgery, we/I request that we/I be notified and our permission obtained before such arrangements are made.

We agree to hold harmless Rotary International, any Rotary district, Rotary club, Rotarian, Rotary chaperone, or host family for any intervention in an emergency situation regardless of final outcome.

We agree to assume all financial obligations for any medical treatment rendered (whether or not covered by insurance)

|  |                                 |   |
|--|---------------------------------|---|
| Applicant (full legal name)<br><b>Francisco Ariani Bonilha</b>   | Date (YYYY-MM-DD)<br>2023-11-18 | e-Signature (or ink on paper) - click only for digital signature<br><b>francisco ariani bonilha</b><br><small>Assinado de forma digital por francisco ariani bonilha<br/>Dados: 2023.11.18 17:24:54 -03'00'</small>                                       |
| Parent/Legal Guardian #1 (full legal name)<br><b>Priscila Fleury Caiuby Ariani</b>   | Date (YYYY-MM-DD)<br>2023-11-18 | e-Signature (or ink on paper) - click only for digital signature<br><b>Priscila F. C. Ariani</b><br><small>Assinado de forma digital por Priscila F. C. Ariani<br/>Dados: 2023.11.18 17:25:05 -03'00'</small>   |
| Parent/Legal Guardian #2 (full legal name)<br><b>Alexandre Pinho da Cruz Bonilha</b>   | Date (YYYY-MM-DD)<br>2023-11-24 | e-Signature (or ink on paper) - click only for digital signature<br><b>ALEXANDRE PINHO DA CRUZ BONILHA:27408532897</b><br><small>Assinado de forma digital por ALEXANDRE PINHO DA CRUZ BONILHA:27408532897<br/>Dados: 2023.11.24 00:13:10 +01'00'</small> |
| Witnessed in the presence of Sponsor Club/District Representative (name and title)<br><b>Erika Campanella Bastos-Youth Exchange Office</b> | Date (YYYY-MM-DD)<br>2023-11-24 | e-Signature (or ink on paper) - click only for digital signature<br><i>Erika Campanella Bastos</i>  |

**Instructions:** Regardless of the age of the student, this form should be signed by the exchange student and by both of his or her parents. If a parent does not have custody of the student and a legal guardian does, then the form should be signed by the legal guardian. A step parent needs to sign the form only if the step parent has adopted the student or has been appointed legal guardian of the student. This applies to all signature blocks, not only in this Section, but elsewhere in this Application Form,



**Rotary Youth Exchange Application Privacy Statement**

If you are accepted into the long-term Rotary Youth Exchange program, this application and the information contained within will be shared with relevant Rotary entities including your sponsoring club and home district plus the district and club that will be hosting your exchange, according to the policies of these Rotary-certified sponsoring and hosting districts. This information may also be shared with others involved with conducting the program, including exchange counselors and host parents. Any personal data shared will be processed in accordance with all applicable laws.

Personal data will be processed only by authorized youth exchange officials. Your application will be secured and protected. When sharing any information from this application, only the portions which are appropriate and necessary will be provided to your host school, your medical providers and dentists, Rotary counselor(s), program coordinators and host parents.

Personal data will be retained only as long as needed to conduct the exchange program. This will include a temporary period after the conclusion of your exchange for administrative purposes such as complying with data retention requirements of applicable law; assembling district and regional exchange program summary reports and statistical tallies; completion of certification audits; and post-exchange follow-up communications for program evaluation. No sooner than two (2) years and no later than five (5) years following the originally-scheduled conclusion of your exchange, unless separately consented otherwise, your personal records will be destroyed according to the policies or practices of your sponsoring and hosting districts including paper shredding and/or purging of electronic data in compliance with the laws and regulations applicable for each participating location.

Students may request correction or deletion of personal data using the same contact information provided for submitting this application or by contacting the youth exchange chairperson for the applicable Rotary sponsor or host district.

Rotary International ("RI"), headquartered in Evanston, Illinois, USA, is the global organization that charters Rotary clubs. RI certifies Rotary Districts meeting standards for participation in youth exchange programs. RI will not receive a copy of this application.

**CONSENT TO USE OF PERSONAL DATA**

I acknowledge that before beginning this application I was provided the above application privacy statement and translation, if needed, which I have read and understand. I consent that my personal data including medical information may be collected, used and disclosed in compliance with local privacy laws by relevant Rotary entities as described above and including any sponsoring and hosting Rotary Youth Exchange Multidistricts as needed to: verify my eligibility; coordinate my exchange with international exchange partners, schools, and government agencies; and to facilitate my participation in Rotary Youth Exchange activities at home and abroad.

|  |                                 |   |
|--|---------------------------------|---|
| Applicant (full legal name)<br><b>Francisco Ariani Bonilha</b>                       | Date (YYYY-MM-DD)<br>2023-11-18 | e-Signature (or ink on paper) - click only for digital signature<br><b>francisco ariani bonilha</b><br><small>Assinado de forma digital por francisco ariani bonilha<br/>Dados: 2023.11.18 17:25:41 -03'00'</small>                                       |
| Parent/Legal Guardian #1 (full legal name)<br><b>Priscila Fleury Caiuby Ariani</b>   | Date (YYYY-MM-DD)<br>2023-11-18 | e-Signature (or ink on paper) - click only for digital signature<br><b>Priscila F. C. Ariani</b><br><small>Assinado de forma digital por Priscila F. C. Ariani<br/>Dados: 2023.11.18 17:25:23 -03'00'</small>   |
| Parent/Legal Guardian #2 (full legal name)<br><b>Alexandre Pinho da Cruz Bonilha</b> | Date (YYYY-MM-DD)<br>2023-11-24 | e-Signature (or ink on paper) - click only for digital signature<br><b>ALEXANDRE PINHO DA CRUZ BONILHA:27408532897</b><br><small>Assinado de forma digital por ALEXANDRE PINHO DA CRUZ BONILHA:27408532897<br/>Dados: 2023.11.24 00:13:28 +01'00'</small> |

**BASIC CONSENT REGARDING IMAGES AND RECORDINGS**

I consent to anyone associated with the Rotary Youth Exchange program including Rotary members, host family members, and agents of the program ("Rotary") recording my voice and image by any means ("Recordings"). I understand Recordings may include audio, video or still photos.

I grant free of charge the right for Rotary to use Recordings depicting my image or voice in e-mails, newsletters or youth exchange program promotions including those shared by websites or social media. I understand that laws vary by country with regard to consents or releases for use of Recordings and that my sponsoring and hosting Rotary districts may or may not each provide relevant local policies, or request other consents or releases, either as part of this application or separately at a later date.

|  |                                 |   |
|--|---------------------------------|---|
| Applicant (full legal name)<br><b>Francisco Ariani Bonilha</b>                       | Date (YYYY-MM-DD)<br>2023-11-18 | e-Signature (or ink on paper) - click only for digital signature<br><b>francisco ariani bonilha</b><br><small>Assinado de forma digital por francisco ariani bonilha<br/>Dados: 2023.11.18 17:26:29 -03'00'</small>                                       |
| Parent/Legal Guardian #1 (full legal name)<br><b>Priscila Fleury Caiuby Ariani</b>   | Date (YYYY-MM-DD)<br>2023-11-18 | e-Signature (or ink on paper) - click only for digital signature<br><b>Priscila F. C. Ariani</b><br><small>Assinado de forma digital por Priscila F. C. Ariani<br/>Dados: 2023.11.18 17:26:12 -03'00'</small>   |
| Parent/Legal Guardian #2 (full legal name)<br><b>Alexandre Pinho da Cruz Bonilha</b> | Date (YYYY-MM-DD)<br>2023-11-24 | e-Signature (or ink on paper) - click only for digital signature<br><b>ALEXANDRE PINHO DA CRUZ BONILHA:27408532897</b><br><small>Assinado de forma digital por ALEXANDRE PINHO DA CRUZ BONILHA:27408532897<br/>Dados: 2023.11.24 00:13:43 +01'00'</small> |

Sponsor District: 4420

Applicant Name: Francisco Bonilha



## Rotary Youth Exchange – Long-Term Exchange Program

### Section H: Secondary School Personal Reference

**Student:** Complete the top section of this form, then give the form and a stamped envelope, preaddressed to the Rotary club or district to which you are submitting your application, to a teacher or administrator who knows you and your abilities and accomplishments at school. By so doing, you give permission to that individual to release this information to the Rotary club/district Youth Exchange committee for their review.

|   |   |                     |  |
|---|---|---------------------|--|
| Applicant's Full Legal Name<br><b>Francisco Bonilha</b> | Date of Birth (YYYY-MM-DD)<br><b>21/11/2007</b> | Grade<br><b>1st</b> | <input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Non-Binary |
|---|---|---------------------|--|

**Evaluator:** This student is applying for a one-year educational study abroad program under Rotary club/district sponsorship. Please complete and forward this form within seven days of receipt to the sponsor Rotary Club/District, in the pre-addressed envelope provided. The information you submit *will not be revealed to the student*, unless required by law.

**1. Ratings**

| Area                       | Excellent                           | Good                     | Average                  | Below Average            | No Basis to Rate         |
|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Creative, original thought | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Independence, initiative   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intellectual ability       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional stability        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Academic achievement       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Openness to new ideas      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexibility, adaptability  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to communicate     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Potential for growth       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disciplined habits         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participation              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Do you believe the applicant has the ability, work habits, character traits, and flexibility to succeed in an unfamiliar environment that will include learning a foreign language?  Yes  No

3. Do you believe the applicant's parents/legal guardians support his/her wish to spend time abroad?  Yes  No  Not Sure

*Please use the reverse side of this form, adding pages if necessary, to explain your answers to questions 2 and 3, and to provide any additional comments on the applicant's suitability as an exchange student and cultural ambassador.*

**RECOMMENDATION**

In reference to this Applicant's candidacy as a future Rotary Youth Exchange student, I (check one):

Strongly Recommend     Recommend     Have No Opinion     Do Not Recommend     Strongly Do Not Recommend

|   |                                  |  |
|---|----------------------------------|--|
| Name and Title (type or print)<br><b>André Meller</b> | Signature (in blue ink)<br>      | Date (YYYY-MM-DD)<br><b>28/11/2023</b>               |
| Name of School<br><b>Caranda Educação</b>             | Phone<br><b>55(11) 3562-3644</b> | E-mail<br><b>andre.meller@carandaeducacao.com.br</b> |

**DO NOT RETURN THIS FORM TO THE STUDENT APPLICANT.**

Please submit this form directly to:

Francisco Bonilha has been a student at our school for many years, always standing out for his diverse skills. In addition to having excellent academic performance, Francisco has always been curious, participative and collaborative with his colleagues and teachers. Furthermore, it is worth pointing out their great autonomy and ability to manage their daily school life. Given this path, I believe that the exchange could provide an expansion of learning and meaningful experiences for him, and I believe that he will make great use of this opportunity, for which he has all the support and support of his family.

**Francisco Ariani Bonilha**

Gênero: Masculino DN: 21/11/2007 | 16 anos

Endereço: Rua Pedro de Toledo 1222, Apto 192, Vila Clementino, Sao Paulo, SP, 04039-003

**FAP:**

**792302498900**

Médico: Dr(a). Cristiane Maria de Carvalho Abreu

DATA COLETA/RECEBIMENTO: 12/12/2023 13:41



Dentro do intervalo de referência



Abaixo do intervalo de referência



Acima do intervalo de referência

Legenda aplicável para valores numéricos

## Detecção de Mycobacterium tuberculosis e resistência a Rifampicina

RESULTADO

INTERVALO DE REFERÊNCIA

*Mycobacterium tuberculosis*



Não detectado

Não detectado

Resistência a Rifampicina



Não detectada

Não detectada

(Material: Escarro)  
(Método: PCR em Tempo Real - Cepheid)

### Notas:

- Um resultado negativo não exclui infecção por Mycobacterium tuberculosis, uma vez que o resultado depende de uma coleta adequada, ausência de inibidores da reação e DNA suficiente para ser detectado pela metodologia utilizada.
- Resultados inconclusivos indicam que não houve amplificação do controle interno, ficando a critério clínico a realização de nova coleta para repetição do teste.
- A sensibilidade do ensaio Xpert MTB/RIF Ultra é de 99,5% para pacientes com bacterioscópico positivo e 73,3% para pacientes com bacterioscópico negativo. Possui especificidade de 95,5% e limite de detecção de 11.8 UFC/mL.
- A sensibilidade para detecção de resistência a rifampicina é de 96,2% e a especificidade é de 96,3%.
- Mutações ou polimorfismos nas regiões de ligação do iniciador ou da sonda podem afetar a detecção de estirpes novas ou desconhecidas de MDR-MTB ou resistentes à rifampicina, originando resultados falsos de sensibilidade à rifampicina. O ensaio Xpert MTB/RIF Ultra não confirma a susceptibilidade à rifampicina, pois podem existir mecanismos de resistência à rifampicina para além dos detectados por este dispositivo, os quais podem estar associados à falta de resposta clínica ao tratamento.
- Esse ensaio é semiquantitativo e identifica faixas de cargas bacterianas, mas não determina seu valor numérico.

### Referência bibliográfica:

O Opota, J Mazza-Stalder, G Greub, K Jatou. The rapid molecular test Xpert MTB/RIF ultra: towards improved tuberculosis diagnosis and rifampicin resistance detection. Clin Microbiol Infect 2019, Nov;25(11):1370-1376. DOI: 10.1016/j.cmi.2019.03.021

Liberado por: Antonio Carlos Da Silva Rego - CRBM 45925 (19/12/2023 - 10:29 BRT)  
Responsável: Dr. Francisco de Assis Salomão Monteiro CRM-SP 57537

### Local de Execução do exame:

DASA - Rua Xavier Pinheiro, 439 Quadra 29 - Pq. Duque de Caxias CNES:7402074 - Duque de Caxias, RJ

Detecção de Mycobacterium tuberculosis e resistência a Rifampicina

A interpretação dos resultados deste(s) exame(s) e a conclusão diagnóstica são atos médicos, dependem de análise conjunta dos dados clínicos e demais exames do(a) paciente.

Data da geração: 19/12/2023 - 14:46  
Sob a responsabilidade do Dr. Cristovam Scapulatempo Neto -  
CRM nº 102037  
Laudo também disponível ao médico  
prescritor no [Nav PRO](#)

Laboratório registrado no CRM/SP sob o número  
900128  
Licença de funcionamento CEVS 88829991-  
292818819392-039188995

Valide seu laudo  
com o QR Code



valida.dasa.com.br  
Token: **EuPqnsq9V**



Pág. 1 de 1

# FRANCISCO ARIANI BONILHA

Autorizado por portaria COGSP de 12/11/1979 - D.O. de 27/11/1979

Autorizado por portaria COGSP de 11/01/1994 - D.O. de 12/11/1994

A filiação fica isenta conforme Del. CEE 04/95

Naturalidade: SÃO PAULO

Data de Nascimento: 21/11/2007

RG: 57.540.202-7

Nacionalidade: BRASILEIRO

RA: 112107374-8

CN: 39386

## HISTÓRICO ESCOLAR - ENSINO FUNDAMENTAL

| COMPONENTES CURRICULARES   |                                      | 1º Ano                 | 2º Ano | 3º Ano | 4º Ano | 5º Ano | 6º Ano | 7º Ano | 8º Ano | 9º Ano |      |
|--|--------------------------------------|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|------|
| LDB 9394/96 PARECER CNE/CEB/4/98 RES.CNE/CEB/2/98 DEL.61/2006 LEI 11274/2005 | BASE NACIONAL COMUM RES.CNE/CEB 2/98 | MATEMÁTICA             | -      | 8.0    | 8.5    | 8.5    | 8.5    | 8.5    | 6.5    | 6.5    | 8.0  |
|  |                                      | EDUCAÇÃO FÍSICA        | -      | 9.0    | 9.5    | 8.5    | 9.5    | 7.5    | 7.0    | 9.5    | 10.0 |
|  |                                      | HISTÓRIA               | -      |        |        |        |        | 7.5    | 7.0    | 7.5    | 9.0  |
|  |                                      | GEOGRAFIA              | -      |        |        |        |        | 7.0    | 6.5    | 7.0    | 6.5  |
|  |                                      | HISTÓRIA / GEOGRAFIA   | -      | 8.0    | 8.5    | 9.0    | 8.0    |        |        |        |      |
|  | PARTE DIVERSIFICADA                  | ARTES                  | -      | 10.0   | 10.0   | 9.5    | 9.0    | 8.0    | 6.0    | 7.0    | 7.5  |
|  |                                      | LÍNGUA PORTUGUESA      | -      | 9.0    | 9.0    | 8.5    | 7.5    | 6.5    | 6.5    | 6.0    | 6.5  |
|  |                                      | CIÊNCIAS               | -      | 8.0    | 8.5    | 9.0    | 7.5    | 7.5    | 6.0    | 8.0    | 8.0  |
|  |                                      | LINGUAGEM ESCRITA/ORAL | -      |        |        |        |        |        |        |        |      |
|  |                                      | NATUREZA E SOCIEDADE   | -      |        |        |        |        |        |        |        |      |
|  |                                      | ARTES VISUAIS          | -      |        |        |        |        |        |        |        |      |
|  |                                      |                        | -      |        |        |        |        |        |        |        |      |
|  |                                      |                        | -      |        |        |        |        |        |        |        |      |
|  |                                      | MOVIMENTO              | -      |        |        |        |        |        |        |        |      |
|  |                                      | INFORMÁTICA            | -      |        |        |        |        |        |        |        |      |
| ORIENTAÇÃO EDUCACIONAL   | -                                    |                        |        |        |        |        |        |        |        |        |      |
| GEOMETRIA  | -                                    |                        |        |        |        | 8.5    | 7.0    | 8.0    | 8.0    |        |      |
| ESPAÑHOL   | -                                    |                        |        |        |        |        |        |        |        |        |      |
| INGLÊS   | -                                    | 8.0                    | 9.0    | 9.0    | 8.5    | 6.5    | 6.5    | 5.5    | 9.0    |        |      |
| MÚSICA   | -                                    |                        |        |        |        |        |        |        |        |        |      |
|  | -                                    |                        |        |        |        |        |        |        |        |        |      |
|  | -                                    |                        |        |        |        |        |        |        |        |        |      |
| Estudos Realizados   | Resultado Final                      | APROV                  | APROV  | APROV  | APROV  | APROV  | APROV  | APROV  | APROV  | APROV  |      |
|  | Carga Horária Total                  | 960                    | 960    | 960    | 960    | 960    | 1240   | 1240   | 1240   | 1240   |      |

| Ano | Ano Letivo | Estabelecimento  | Localidade |
|-----|------------|------------------|------------|
| 1º  | 2014       | CARANDÁ EDUCAÇÃO | SÃO PAULO  |
| 2º  | 2015       | CARANDÁ EDUCAÇÃO | SÃO PAULO  |
| 3º  | 2016       | CARANDÁ EDUCAÇÃO | SÃO PAULO  |
| 4º  | 2017       | CARANDÁ EDUCAÇÃO | SÃO PAULO  |
| 5º  | 2018       | CARANDÁ EDUCAÇÃO | SÃO PAULO  |
| 6º  | 2019       | CARANDÁ EDUCAÇÃO | SÃO PAULO  |
| 7º  | 2020       | CARANDÁ EDUCAÇÃO | SÃO PAULO  |
| 8º  | 2021       | CARANDÁ EDUCAÇÃO | SÃO PAULO  |
| 9º  | 2022       | CARANDÁ EDUCAÇÃO | SÃO PAULO  |

Observações: A Diretora da Carandá Educação com fundamento na LDB 9394/96 certifica que Francisco Ariani Bonilha concluiu o 9º ano do Ensino Fundamental em 2022. No 1º ano do ensino fundamental, a avaliação far-se-á mediante acompanhamento e registro do desenvolvimento da criança, sem o objetivo de promoção.

São Paulo, 22 de novembro de 2023

Janaina S. Wilson  
Secretária Escolar  
RG 23.119.435-3

Uígia Chionhesi Berenguer  
Diretora  
RG 26.526.118-1

Rua Joaquim de Almeida, 459 • Mirandópolis  
São Paulo • SP • CEP 04050-011 • Tel.: 3562-3644  
caranda@carandaeducacao.com.br  
www.carandaeducacao.com.br

 **carandá**  
EDUCAÇÃO

**FRANCISCO ARIANI BONILHA**

ATO CRIAÇÃO ESCOLA - PORT. COGSP DE 23/11/79 - D.O. de 27/11/79  
 AUTORIZADO POR PORTARIA DRECAP DE 07/02/94 - D.O. DE 08/05/94  
 CURSO DE 2º GRAU, INCISO III, ART. 7º DA DEL. CEE. 29/82

Naturalidade: SÃO PAULO SP  
 Nacionalidade: BRASILEIRO

Data de Nascimento: 21/11/2007  
 RA: 112107374-8

RG: 57.540.202-7

**HISTÓRICO ESCOLAR - ENSINO MÉDIO**

| COMPONENTES CURRICULARES | 1º Ano                    |    | 2º Ano |    | 3º Ano |    |
|--------------------------|---------------------------|----|--------|----|--------|----|
|                          | Nota                      | CH | Nota   | CH | Nota   | CH |
| BASE NACIONAL COMUM      | LITERATURA                | C  |        |    |        |    |
|                          | HISTÓRIA                  | U  |        |    |        |    |
|                          | GEOGRAFIA                 | R  |        |    |        |    |
|                          | FÍSICA                    | S  |        |    |        |    |
|                          | QUÍMICA                   | A  |        |    |        |    |
|                          | BIOLOGIA E PROG. DE SAÚDE | N  |        |    |        |    |
|                          | MATEMÁTICA                | D  |        |    |        |    |
|                          | EDUCAÇÃO FÍSICA           | O  |        |    |        |    |
|                          | FILOSOFIA/SOCIOLOGIA      |    |        |    |        |    |
|                          |                           |    |        |    |        |    |
| PARTE DIVERSIFICADA      | INGLÊS                    |    |        |    |        |    |
|                          | ESPAANHOL                 |    |        |    |        |    |
|                          | ORIENTAÇÃO EDUCACIONAL    |    |        |    |        |    |
|                          |                           |    |        |    |        |    |
|                          |                           |    |        |    |        |    |
|                          |                           |    |        |    |        |    |
|                          |                           |    |        |    |        |    |
|                          |                           |    |        |    |        |    |
|                          |                           |    |        |    |        |    |
|                          |                           |    |        |    |        |    |
| Resultado Final          |                           |    |        |    |        |    |
| Carga Horária Total      |                           |    |        |    |        |    |

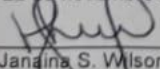
LDB 9394/96 PARECER CNE/CEB/4/98 RES. CNE/CEB/2/98 DEL. CEE 61/2006 LEI 11274/2008

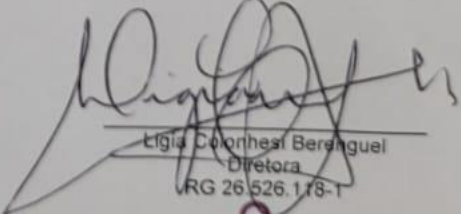
Estudos Realizados

| Ensino       | Ano | Ano Letivo | Estabelecimento             | Localidade |
|--------------|-----|------------|-----------------------------|------------|
| Fundamental  | 9º  | 2022       | CARANDÁ EDUCAÇÃO            | SÃO PAULO  |
| Ensino Médio | 1º  | 2023       | CARANDÁ EDUCAÇÃO - CURSANDO | SÃO PAULO  |

OBSERVAÇÕES: A Diretora da Carandá Educação com fundamento na LDB 9394/96 declara que Francisco Ariani Bonilha é nosso aluno regularmente matriculado no 1º ano do Ensino Médio.

São Paulo, 22 de novembro de 2023

  
 Janaina S. Wilson  
 Secretária Escolar  
 RG 23.119.435-3  
 Rua Joaquim de Almeida, 459 • Mirandópolis  
 São Paulo • SP • CEP 04050-011 • Tel.: 3562-3644  
 caranda@carandaeducacao.com.br  
 www.carandaeducacao.com.br

  
 Ligia Colomnesi Berenguel  
 Diretora  
 RG 26.526.118-1



## Elementary School

Francisco Ariani Bonilha    11/22/2022  
 natural of São Paulo

|                            |                    | 1st | 2nd | 3rd | 4th | 5th | 6th | 7th | 8th | 9th |
|----------------------------|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| national<br>common<br>base | mathematics        | N/A | 8   | 8,5 | 8,5 | 8,5 | 8,5 | 6,5 | 6,5 | 8   |
|                            | physical education | N/A | 9   | 9,5 | 8,5 | 9,5 | 7,5 | 7   | 9,5 | 10  |
|                            | history            | N/A |     |     |     |     | 7,5 | 7   | 7,5 | 9   |
|                            | geography          | N/A |     |     |     |     | 7   | 6,5 | 7   | 6,5 |
|                            | history/geography  | N/A | 8   | 8,5 | 9   | 8   |     |     |     |     |
|                            | arts               | N/A | 10  | 10  | 9,5 | 9   | 8   | 6   | 7   | 7,5 |
|                            | portuguese         | N/A | 9   | 9   | 8,5 | 7,5 | 6,5 | 6,5 | 6   | 6,5 |
|                            | science            | N/A | 8   | 8,5 | 9   | 7,5 | 7,5 | 6   | 8   | 8   |
| diversified<br>part        | geometry           | N/A |     |     |     |     | 8,5 | 7   | 8   | 8   |
|                            | english            | N/A | 8   | 9   | 9   | 8,5 | 6,5 | 6,5 | 5,5 | 9   |

|               |          |          |          |          |          |          |          |          |          |
|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| final results | approved | approved | approved | approved | approved | approved | approved | approved | approved |
| total hours   | 960      | 960      | 960      | 960      | 960      | 1240     | 1240     | 1240     | 1240     |

| year |      | place     | school           |
|------|------|-----------|------------------|
| 1st  | 2014 | São Paulo | Carandá educação |
| 2nd  | 2015 | São Paulo | Carandá educação |
| 3rd  | 2016 | São Paulo | Carandá educação |
| 4th  | 2017 | São Paulo | Carandá educação |
| 5th  | 2018 | São Paulo | Carandá educação |
| 6th  | 2019 | São Paulo | Carandá educação |
| 7th  | 2020 | São Paulo | Carandá educação |
| 8th  | 2021 | São Paulo | Carandá educação |
| 9th  | 2022 | São Paulo | Carandá educação |
| 1st  | 2023 | São Paulo | Carandá educação |

### observation

The director of Caranda Educação, based on LDB 9394/96, certifies that Francisco Ariani Bonilha completed the ninth year of elementary school in 2022. In the first year of elementary school, the evaluation will take place through monitoring and recording the child's development without the objective of promotion

Janaína S. Wilson

Ligia Colonhesi Berengue

# High School

|                         | 1ST   | 2ND | 3RD |
|-------------------------|---|-----|-----|
| mathematics             | W<br>O<br>R<br>K<br>I<br>N<br>G<br>P<br>O<br>R<br>T<br>I<br>S |     |     |
| physical education      |   |     |     |
| history                 |   |     |     |
| geography               |   |     |     |
| portuguese              |   |     |     |
| physics                 |   |     |     |
| chemistry               |   |     |     |
| biology                 |   |     |     |
| literature              |   |     |     |
|                         |   |     |     |
| english                 |   |     |     |
|                         |   |     |     |
| spanish                 |   |     |     |
| educational orientation |   |     |     |

observation

The director of Caranda Education, based on LDB 9394/96, declares that Francisco Ariani Bonilha is our student regularly enrolled in the



| BCG  | HEPATITE B  | ROTA VIRUS  | DPT  | DPT ACELULAR   | SABIN  | SALK  | HAEMOPHILUS INFLUENZAE B |
|--|---|---|--|--|--|---|--------------------------|
| <p>BCG-ID</p> <p>22/11/07</p> <p>LOTE: 02P</p> <p>Shionibe fins</p> <p>Tec. de Este. Imagem</p> <p>GOREN SP 03023106</p> | <p>22/11/07</p> <p>LOTE: 8157AH</p> <p>22/11/07</p> <p>LOTE: 8157AH</p> | <p>22/01/08</p> <p>25-03-08</p> <p>AR01A005BA</p> <p>Guinica</p> <p>2789132</p> <p>25-03-08</p> <p>AR01A005BA</p> <p>Guinica</p> <p>2789132</p> | <p>DPT</p> <p>07.05.14</p> <p>Tetanus m</p> <p>LOTE: 8438-1</p> <p>Su.ange M.M. Goren</p> <p>R.E.C.C. 22/11/5612</p> | <p>22/01/08</p> <p>TRIPlice</p> <p>LOTE: 8157AH</p> <p>CNES 3078396</p> <p>DPTacul</p> <p>25/03/08</p> <p>L: CA311C</p> <p>cod: 163121</p> <p>DPTacul</p> <p>20/05/08</p> <p>L: CA311C</p> <p>cod: 163121</p> <p>DPTacul</p> <p>20/03/09</p> <p>L: CA454A</p> <p>Red 6068L</p> | <p>22/01/08</p> <p>SALK</p> <p>LOTE: 8157AH</p> <p>CNES 3078396</p> <p>IPV</p> <p>25/03/08</p> <p>L: CA311C</p> <p>cod: 163121</p> <p>IPV</p> <p>20/05/08</p> <p>L: CA311C</p> <p>cod: 163121</p> <p>IPV</p> <p>20/03/09</p> <p>L: CA454A</p> <p>Red 6068L</p> | <p>22/01/08</p> <p>HAEMOPHILUS B</p> <p>LOTE: 8157AH</p> <p>CNES 3078396</p> <p>Hib</p> <p>25/03/08</p> <p>L: CA311C</p> <p>cod: 163121</p> <p>Hib</p> <p>20/05/08</p> <p>L: CA311C</p> <p>cod: 163121</p> <p>Hib</p> <p>20/03/09</p> <p>L: CA454A</p> <p>Red 6068L</p> |                          |

ge - Lo

hecklist

ry parts fo

must be in

our sponso

itally inserte

serted

| MENINGOCOCO  | PNEUMOCOCO   | SCR  | VARICELA                                      | HEPATITE A  | DUPLA | OUTRAS | OUTRAS   |
|--|--|--|---|---|-------|--------|--|
| Meningococo<br>22/02/08<br>L: 5540438<br>cod: 6361 | Meningococo<br>22/02/08<br>L: 5540438<br>cod: 6361 | MMR (3)<br>27/07/08<br>L: CB45A<br>DUB 6068L               | VARICELA<br>28/11/08<br>L: CA750A<br>Abb6068L | HEPATITE A<br>25/05/09<br>L: D0268-1<br>DUB 6068L |       |        | Contra Poliomielite<br>21, 6, 19   |
| Meningococo<br>22/02/08<br>L: 5540438<br>cod: 6361 | Meningococo<br>22/02/08<br>L: 5540438<br>cod: 6361 | CCR (2)<br>27/08/08<br>DUB 6068L                           | 07, 05, 14<br>VARICELA<br>LOTE: 33 8921       | HEPATITE A<br>24/01/09<br>L: V023566<br>DUB 6068L |       |        | Contra Influenza (gripe)<br>07/06/10   |
| Meningococo<br>22/02/08<br>L: 5540438<br>cod: 6361 | Meningococo<br>22/02/08<br>L: 5540438<br>cod: 6361 | S95VUPOD12<br>Suga / Box                                   |   |   |       |        | GRUPO TRANSCONTO<br>15/07/10<br>L: 67051-3<br>DUB 6068L                        |
| Meningococo<br>22/02/08<br>L: 5540438<br>cod: 6361 | Meningococo<br>22/02/08<br>L: 5540438<br>cod: 6361 | H1N1<br>26/02/00<br>27/08/08<br>J80001                     |   |   |       |        | FEBRE AMARELA<br>22/10/18<br>LOTE 175118<br>ASS. Sagua<br>COREN<br>COD 2786834 |
| BAXTER<br>LOTE SINOSE<br>E.C.C. 209 55127<br>10    | Meningococo<br>20/03/04<br>L: 3394499<br>DUB 60612 | para Suga<br>27/11/2020<br>14 PV: 29<br>19 01 05<br>futura |   |   |       |        | LABORATORIO de SOUSA<br>Farmacia Farmagim<br>L.P. SP: 062281633                |

**SÃO PAULO**  
GOVERNO DO ESTADO

**#VacinaJá**

**CAMPANHA CONTRA A COVID-19**

|   |  |   |  |
|---|--|---|--|
| NOME: <i>Francisco Ayrton Benilha</i>     |  | 2º DOSE                                   |  |
| UNIDADE: <i>UBS Indianópolis</i>          |  | UNIDADE: <i>UBS Indianópolis</i>          |  |
| CNES: <i>2788578</i>                      |  | CNES: <i>2788578</i>                      |  |
| DATA: <i>06/09/21</i>                     |  | DATA: <i>27/11/2021</i>                   |  |
| LOTE: <i>FF510</i>                        |  | LOTE: <i>FJA187</i>                       |  |
| FABRICANTE: <i>Pfizer</i>                 |  | FABRICANTE: <i>Pfizer</i>                 |  |
| VACINADOR: <i>Nubia de Brito Caldeira</i> |  | VACINADOR: <i>Nubia de Brito Caldeira</i> |  |
| REG. PROF.:                               |  | REG. PROF.:                               |  |

**VACIVIDA**

**SÃO PAULO**  
GOVERNO DO ESTADO

**Comprovante de Vacinação**  
**Campanha**

**UBS SIGMUND FREUD INDIANOPOLIS**

NOME: *Francisco Ayrton Benilha*

VACINAÇÃO REALIZADA: **INFLUENZA**

LOTE: *220088*

DATA: *01/07/22*

VACINADOR: *Nubia de Brito Caldeira*

REG. PROF.:

---

**SÃO PAULO**  
GOVERNO DO ESTADO

**Comprovante de Vacinação**  
**Campanha**

**UBS SIGMUND FREUD INDIANOPOLIS**

NOME: *Francisco Ayrton Benilha*

VACINAÇÃO REALIZADA: **COVID-19**

LOTE: *210500*

DATA: *01/07/22*

VACINADOR: *Nubia de Brito Caldeira*

REG. PROF.:



